## 2002 UNIFORM BUSINESS REPORT (UBR)

## P01000009559 **DOCUMENT #**

1. Entity Name

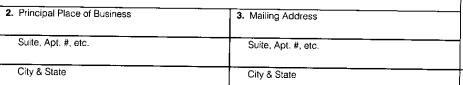
CRESCENT BAY SHELLFISH, INC.

Principal Place of Business

Mailing Address

7206 SANTA CLARA BLVD.

7206 SANTA CLARA BLVD.



May 02, 2002 8:00 am § Secretary of State 05-02-2002 90106 034 \*\*\*150.00

FI. FIERQE	rl 34301		FT. PIERCE FL 34951			I IBBIIGE: III BEIRL IIII BEIRL BRILL BRILL				
2. Principal	Place of Business		3. Mailing Address	·						٠.
			or manning / Goldoo				** ****		41614 1911 1991	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State			City & State		4.	FEI Number 67-178 07/9	···		pplied For lot Applicabl	
Zip	Countr	у	Zip	Country		Certificate of Status Desired		8.75 Ac	Iditional	╣
6. Name and Address of Current F			gistered Agent		7. 1	Name and Address of New Regist		•		$\dashv$
144604	****			Name				,		┪
	JAM, KEVIN 'H AVE., #3		Street Address (			P.O. Box Number is Not Acceptable)				$\dashv$
	ACH FL 32960				<del></del>			<del></del>		-
				City	.=	<del> </del>	FL	Zip Cod	le	$\dashv$
9. This corpbration is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution.  DATE  \$5.00 May Be Added to Fees					
11.	(	OFFICERS AND DIR		12.		I DITIONS/CHANGES TO OFFICERS	S AND D	IRECTOR	S IN 11	4
ITLE IAME TREET ADDRESS ITY-ST-ZIP	D REIF, SEAN P 7206 SANTA CLAR FT. PIERCE FL 349	A BLVD. 51	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP				Change	☐ Addition	
TLE AME Treet adoress Ty- <del>st</del> -z <del>ip</del>		-	☐ Delete	TITLE  NAME  STREET ADDRESS  FORTY-ST-ZHP				Change	Addition	
TLE Ame Treet address TY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				] Change	☐ Addition	
TLE AME REET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS		<u> </u>		] Change	Addition	1

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

Addition