

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90076 028 \*\*\*150.00

0589827 AT

**DOCUMENT # P01000023984**

1. Entity Name

**ARCHER SEAFOOD HOUSE, INC.**

Principal Place of Business

**201 STATE RD 24  
 ARCHER FL 32618**

Mailing Address

**P O BOX 253  
 ARCHER FL 32618**

2. Principal Place of Business

**201 STATE RD 24**  
 Suite, Apt. #, etc.

3. Mailing Address

**P O BOX 253**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Archer FL**  
 Zip **32618** Country **ALABAMA**

City & State

**Archer FL**  
 Zip **32618** Country **ALABAMA**

4. FEI Number

**59-3702853**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**NITA M McCULTY**  
**201 STATE RD 24**  
**ARCHER FL 32618**

7. Name and Address of New Registered Agent

Name **NITA M McCULTY**  
 Street Address (P.O. Box Number is Not Acceptable) **201 ST RD 24**  
 City **Archer** FL Zip Code **32618**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **NITA M McCULTY owner** **Nita M McCulty** **1/8/02**  
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

9. This corporation 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. ☐

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MCCULTY, NITA</b>
STREET ADDRESS	<b>201 STATE RD 24</b>
CITY-ST-ZIP	<b>ARCHER FL 32618</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete
NAME	<b>CANNON, BARBARA J</b>
STREET ADDRESS	<b>201 STATE RD 24</b>
CITY-ST-ZIP	<b>ARCHER FL 32618</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **NITA M McCulty**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/02** **3524951500**  
 Date Daytime Phone #

CR2E034 (9/01)