

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90210 001 ***150.00

DOCUMENT # P01000052017

1. Entity Name
FLATS FISHERMEN, INC.



Principal Place of Business
**8311 HWY 42
SUMMERFIELD FL 34491
US**

Mailing Address
**P O BOX 591
LADY LAKE FL 32158-0591
US**



2. Principal Place of Business
1206 BOWER LANE
Suite, Apt. #, etc.

3. Mailing Address
1206 BOWER LANE
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
THE VILLAGES FL
Zip
32159
Country
US

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THE VILLAGES FL
Zip
32159
Country
US

4. FEI Number **59-3725035**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SULLIVAN, SCOTT
8311 HWY 92
SUMMERFIELD FL 34491**

Name
Street Address (P.O. Box Number is Not Acceptable)
1206 BOWER LANE
City **THE VILLAGES FL** Zip Code **32159**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Scott J Sullivan*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-13-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **THAYER, JOHN B**
STREET ADDRESS **12106 SE 60TH AVE**
CITY-ST-ZIP **BELLEVIEW FL 32240**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **COMBS, WALLY**
STREET ADDRESS **14925 SE 25TH AVENUE**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **SULLIVAN, SCOTT J**
STREET ADDRESS **8311 HWY 42**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1206 BOWER LANE**
CITY-ST-ZIP **THE VILLAGES FL 32159**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Scott J Sullivan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-03
Date

352-259-3218
Daytime Phone #

CR2E034 (10/02)