

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90046 041 ***150.00

DOCUMENT # P01000052730

1. Entity Name
HARBOR BRANCH SHRIMP, INC.

Principal Place of Business
5600 U.S. HIGHWAY 1 NORTH
FT. PIERCE FL 34946

Mailing Address
5600 U.S. HIGHWAY 1 NORTH
FT. PIERCE FL 34946

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1124206

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STEWART, WILLIAM J
3386 OCEAN DRIVE
VERO BEACH FL 32963

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	STEWART, WILLIAM J	3355 OCEAN DRIVE	VERO BEACH FL 32963	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
C/D	RICK HERMAN	5600 U.S. Hwy 1 N.	Ft. Pierce, FL 34946	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P/D	DAVE VAUGHAN	5600 U.S. Hwy 1 N.	Ft. Pierce, FL 34946	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T/D	LARRY P. KING	P.O. Box 780459	ORLANDO, FL 32878	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP/D	JOE MOUNTAIN	5600 U.S. Hwy 1 N.	Ft. Pierce, FL 34946	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02

Date

407-737-4076

Daytime Phone #

CR2E034 (9/01)