

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

02-27-2002 90098 028 \*\*\*150.00

0514661 AV

**DOCUMENT # P01000061807**

1. Entity Name  
**UK SUBS, INC.**

Principal Place of Business  
**4134 GULF OF MEXICO DRIVE SUITE 302**  
**LONGBOAT KEY FL 34228**

Mailing Address  
**4134 GULF OF MEXICO DRIVE SUITE 302**  
**LONGBOAT KEY FL 34228**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2709 Swamp Cabbage Ct**  
 Suite, Apt. #, etc. **SUITE 100**  
 City & State **FORT MYERS, FL**  
 Zip **33901** Country **USA**

3. Mailing Address  
**3896 HIDDEN ACRES**  
 Suite, Apt. #, etc. **CIRCLE**  
 City & State **N. FORT MYERS, FL**  
 Zip **33903** Country **USA**

4. FFL Number **65-1117058** Applied For ☐ Not Applicable ☐  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

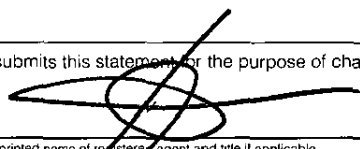
6. Name and Address of Current Registered Agent

**RAGGETT, ROGER**  
**4134 GULF OF MEXICO DRIVE SUITE 302**  
**LONGBOAT KEY FL 34228**

7. Name and Address of New Registered Agent

Name **ROGER RAGGETT**  
 Street Address (P.O. Box Number is Not Acceptable) **3896 HIDDEN ACRES CIRCLE**  
 City **N. FORT MYERS** FL Zip Code **33903**

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)

**2/14/2002**

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	PD	<input type="checkbox"/> Delete
NAME	<b>RAGGETT, ROGER</b>	
STREET ADDRESS	<b>4134 GULF OF MEXICO DRIVE SUITE 302</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</b>	
TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>HOUSEHAM, CLIVE</b>	
STREET ADDRESS	<b>4134 GULF OF MEXICO DRIVE SUITE 302</b>	
CITY-ST-ZIP	<b>LONGBOAT KEY FL 34228</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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3896 HIDDEN ACRES CIRCLE</b>	
CITY-ST-ZIP	<b>N. FORT MYERS, FL 33903</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>3896 HIDDEN ACRES CIRCLE</b>	
CITY-ST-ZIP	<b>N. FORT MYERS, FL 33903</b>	
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:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/14/2002** **941 995 2310**  
 Date Daytime Phone #

CR2E034 (9/01)