

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

04-21-2002 90872 008 \*\*\*150.00

00022569 AT

**DOCUMENT # P01000110975**

**1. Entity Name**  
**GREAT WHITE FISH COMPANY**

**Principal Place of Business**

**14070-3 BEACH BLVD**  
**JACKSONVILLE FL 32250**

**Mailing Address**

**14070-3 BEACH BLVD**  
**JACKSONVILLE FL 32250**

**2. Principal Place of Business**

**14070-2 BEACH BLVD**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**14070-2 BEACH BLVD**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

**City & State**  
**JACKSONVILLE, FL**

**Zip**  
**32250**

**Country**  
**U.S.**

**City & State**  
**JACKSONVILLE, FL**

**Zip**  
**32250**

**Country**  
**U.S.**

**4. FEI Number**  
**59-3757024**

**Applied For**  
☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**ESPENSHIP, SEAN A**  
**1650 SIXTH AVE NORTH**  
**JACKSONVILLE BEACH FL 32250**

**7. Name and Address of New Registered Agent**

**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1619 6th STREET SOUTH**  
**City JACKSONVILLE BEACH, FL Zip Code 32250**

**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, type, or printed name of registered agent and title if applicable.

(NOT a 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** **DVST** ☐ **Delete**  
**NAME** **ESPENSHIP, SEAN A**  
**STREET ADDRESS** **1650 SIXTH AVE NORTH**  
**CITY-ST-ZIP** **JACKSONVILLE BEACH FL 32250**

**TITLE** **DP** ☐ **Delete**  
**NAME** **SPROUSE, LEE A JR**  
**STREET ADDRESS** **1629 SIXTH STREET SOUTH**  
**CITY-ST-ZIP** **JACKSONVILLE BEACH FL 32250**

**TITLE** **D** ☐ **Delete**  
**NAME** **ROLISON, BRIAN**  
**STREET ADDRESS** **1649 SIXTH STREET SOUTH**  
**CITY-ST-ZIP** **JACKSONVILLE BEACH FL 32250**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☒ **Change** ☐ **Addition**  
**NAME**  
**STREET ADDRESS** **1619 6th STREET SOUTH**  
**CITY-ST-ZIP** **JACKSONVILLE BEACH, FL 32250**

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

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

**TITLE** ☐ **Change** ☐ **Addition**  
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**TITLE** ☐ **Change** ☐ **Addition**  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ **Change** ☐ **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** **SEAN A. ESPENSHIP** **4/10/02** **904-591-6790**  
 Date Daytime Phone #

CR2E034 (9/01)