**FILED**
**Jun 30, 2003 8:00 am**
**Secretary of State**
06-30-2003 90065 001 ***558.75

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000121452

1. Entity Name
FIDDLER'S ELBOW, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 12 FERNBROOKE DR.<br>SAFETY HARBOR, FL 34695 | 12 FERNBROOKE DR.<br>SAFETY HARBOR, FL 34695 |

[redacted]

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 6110 Gulf Blvd<br>Suite, Apt. #, etc. | 6090 Central Ave<br>Suite, Apt. #, etc. |
| City & State: St. Pete Beach, FL | City & State: St. Petersburg, FL |
| Zip: 33706 Country | Zip: 33707 Country |

4. FEI Number 80-0005281 ☐ 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 |
|---|---|
| SHEAR, ROBERT L ESQ<br>2790 SUNSET POINT RD.<br>CLEARWATER, FL 33759 | Name: William Edwards<br>Street Address (P.O. Box Number is Not Acceptable): 6090 Central Avenue<br>City: St. Petersburg, FL Zip Code: 33707 |

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 _____ DATE
Signature of new registered agent and title, if applicable (NOTE: Registered Agent's signature required when executing)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DP<br>GREENBAUM, LAURENCE<br>12 FERNBROOKE DR.<br>SAFETY HARBOR, FL 34695 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DS<br>SHOEMAKER, ROBERT G<br>12 FERNBROOKE DR.<br>SAFETY HARBOR, FL 34695 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☒ Addition<br>Director<br>William Edwards<br>6090 Central Avenue<br>St. Petersburg, FL |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E034 (10/02)

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:** _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — OFFICER OR DIRECTOR — Date — Daytime Phone #