## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

Principal Place of Business

CEDAR KEY FL 32625

P93000053826

Mailing Address PO BOX 933

CEDAR KEY FL 32625

1. Entity Name

PO BOX 933

CEDAR KEY CLAMS, INC.



FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90300 049 \*\*\*150.00

COO WE THE	

2. Principal P	Place of Business	3. Mailing Address				i (2011001 110 fotos 1111) opiil opiil opiil opiil opiil		BIB BIBI 1884	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State	e	City & State			4.	4. FEI Number 59-3202847 Applied For Not Applied by			
Zip Country		Zip	Coun	Country		5. Certificate of Status Desired   \$8.75 Addition Fee Required			
	6. Name and Address of Current	Registered Agent	<u> </u>		7. 1	Name and Address of New Registered Ager	it		
MARSHALL, BRÜCE A 16351 SW PARODA AVE				Name Street Address (P.O. Box Number is Not Acceptable)					
CEDAR K	EY FL 32625								
,				City		FL	Zip Code		
the obligat	tions of registered agent.			ed office or re		ent, or both, in the State of Florida. I am famil	ar with, a	and accept	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department o					9. Election Campaign Financing Trust Fund Contribution.	Ådded	May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.		AE	DDITIONS/CHANGES TO OFFICERS AND DIF	ECTORS	IN 11	
TITLE NAME Street Address City-St-Zip	DP MARSHALL, BRUCE A 16351 SW PARODA AVE CEDAR KEY FL 32625	☐ Delete					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MARSHALL, MARY R 16351 SW PARODA AVE CEDAR KEY FL 32625	☐ Delete					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete			1	<b>=</b> .4		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		- 1	. =		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete .					Change	Addition	
						110 07(0)(0) EL 11 (0) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Karanasian .	

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 an other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 352-543-613c