

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 11, 2002 8:00 am  
Secretary of State

0518078 AV

DOCUMENT # P94000007237

1. Entity Name

HALF & HALF FISHERY, INC.

02-11-2002 90084 037 \*\*\*150.00

Principal Place of Business Mailing Address  
4250 CONGREVE PLACE ~~FLA~~ 4250 CONGREVE PLACE 9881 WILSON AVE  
SARASOTA FL 34241 SARASOTA FL 34241 SEMINOLE FLA  
US 33776  
9881 WILSON AVE  
SEMINOLE FLA 33776



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 59-3225143 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

GOLDEN-NORRIS, SYLVIA A LARRY E MULLINS JR  
4251 DRYDEN CIRCLE 9881 WILSON AVE  
SARASOTA FL 34243 SEMINOLE FLA 33776

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	ST	<input checked="" type="checkbox"/> Delete
NAME	GOLDEN, ERIKA	
STREET ADDRESS	4250 CONGREVE PLACE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GOLDEN, JACK L	
STREET ADDRESS	4250 CONGREVE PLACE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MULLINS, LARRY E JR.	
STREET ADDRESS	9881 WILSON AVE	
CITY-ST-ZIP	SEMINOLE FL 33776	
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		

TITLE	PST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARRY E MULLINS JR	
STREET ADDRESS	9881 WILSON AVE	
CITY-ST-ZIP	SEMINOLE FLA 33776	
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		
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)(l), 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: Larry E Mullins Jr  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2002 (727) 433-4997  
Date Daytime Phone #

CR2E034 (9/01)