

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000027565**

1. Entity Name

SHARKY'S BEER CO.

Principal Place of Business

Mailing Address

522 CARIBBEAN DR. KEY LARGO FL. 33037

2. Principal Place of Business

3. Mailing Address

522 CARIBBEAN DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

KEY LARGO FL.

City & State

Zip

33037

Country

Zip

Country

4. FEI Number

59 3236411

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

J. M. CLARK
522 CARIBBEAN DR.
KEY LARGO FL. 33037

Name

SCOTT MICHAEL WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)

40 PALM BEACH DR.

City

KEY LARGO

FL

Zip Code

33037

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

J. M. Clark

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

5/23/01

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, 2001 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 **✓ SHAREHOLDER VP** ☒ Delete
NAME
STREET ADDRESS **JOSEPH CLARK**
CITY-ST-ZIP **227 ATLANTIC BLVD.**
KEY LARGO FL. 33037

TITLE **P** ☒ Change ☐ Addition
NAME **SCOTT MICHAEL WILLIAMS**
STREET ADDRESS **40 PALM BEACH DR.**
CITY-ST-ZIP **KEY LARGO, FLA. 33037**

TITLE **✓ SHAREHOLDER PRES.** ☒ Delete
NAME
STREET ADDRESS **ROBERT D. SCHWEINLER**
CITY-ST-ZIP **152 PEARCE AVE.**
TAVERNIER FL. 33070

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS **PHYLLIS ANN WILLIAMS**
CITY-ST-ZIP **40 PALM BEACH DR.**
KEY LARGO, FLA. 33037

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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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:

SCOTT MICHAEL WILLIAMS

8/23

305-453-9769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)