## 2004 UNIFORM BUSINESS REPORT (UBR)

Schau H. Neugest
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## May 16, 2001 8:00 am Secretary of State DOCUMENT # **P95000005009** 05-16-2001 90202 045 \*\*\*150.00 53RD ST. DOCK & DELI, INC. Principal Place of Business Mailing Address 1400 OVERSEAS HIGHWAY 1400 OVERSEAS HIGHWAY UUU54391 MARATHON FL 33050 MARATHON FL 33050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0544536 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NUGENT, GEORGE R Street Address (P.O. Box Number is Not Acceptable) 1400 OVERSEAS HIGHWAY MARATHON FL 33050 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE Change NAME **NEUGENT, GEORGE** NAME STREET ADDRESS STREET ADDRESS 1474 OVERSEAS HIGHWAY CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 TITLE ☐ Change ☐ Addition ☐ Delete NAME **NEUGENT, SUSAN** NAME STREET ADDRESS STREET ADDRESS 1474 OVERSEAS HIGHWAY CITY-ST-ZIP CITY-ST-7IF MARATHON FL 33050 TITLE ☐ Delete TITLE Change Addition-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED

301-743-0500