

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000017838

1. Entity Name

THE BLUE CRAB CORPORATION

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90171 025 ***150.00

Principal Place of Business

Mailing Address

825 N. RIDGEWOOD DRIVE
 SEBRING FL 33870

5918 GOLDEN RD
 SEBRING FL 33871-1907
 US

2. Principal Place of Business

3. Mailing Address

825 N. RIDGEWOOD DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 SEBRING

4. FEI Number

65-0651965

Applied For

Not Applicable

Zip

Country

Zip

FL 33870

Country

FLORIDA

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

WARREN, ALAN
 5918 GOLDEN RD
 SEBRING FL 33872

Name
 WILLIAM PEARSON

Street Address (P.O. Box Number is Not Acceptable)
 825 N. RIDGEWOOD DR.

City SEBRING

FL

Zip Code
 33870

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)

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, 2000 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S
 WARREN, ALAN
 5918 GOLDEN RD
 SEBRING FL ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 C
 PEARSON, JASON
 1115 BELLEVUE AVE
 SEBRING, FL 33870 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 PEARSON, WILLIAM
 825 N RIDGEWOOD DR
 SEBRING FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P/T/S
 PEARSON, WILLIAM
 825 N. RIDGEWOOD DR.
 SEBRING, FL 33870 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 V
 RENTZ CHRISTOPHER
 809 HUDSON ST.
 ZOLFO SPRINGS, FL 33890 ☐ 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #