

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

0003408 AV

**DOCUMENT # P95000065868**

1. Entity Name  
**WILCOX SHRIMPING, INC.**

01-29-2002 90041 048 \*\*\*150.00

Principal Place of Business  
**1742 OELSNER ROAD  
 FERNANDINA BEACH FL 32034**

Mailing Address  
**POST OFFICE BOX 1866  
 FERNANDINA BEACH FL 32035**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3331951** Applied For  
 Not Applicable

DO NOT WRITE IN THIS SPACE

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

**POOLE, ESQUIRE, WESLEY R  
 303 CENTRE STREET  
 STE 200  
 FERNANDINA BEACH FL 32034**

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 \_\_\_\_\_  
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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	WILCOX, SR., ROBERT E	1742 OELSNER ROAD	FERNANDINA BEACH FL 32034	<input type="checkbox"/>	<input type="checkbox"/>
S	BURGESS, FRANCES G	151 IBIS COURT	FERNANDINA BEACH FL 32034	<input type="checkbox"/>	<input type="checkbox"/>
VP	WILCOX, ROBERT E JR.	1721 PHEALSANT LANE	FERNANDINA BEACH FL 32034	<input type="checkbox"/>	<input type="checkbox"/>
VP	WORTHINGTON, ALANA K	1554 ARBOR LANE	FERNANDINA BEACH FL 32034	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Robert E. Wilcox, Sr.* **ROBERT E. WILCOX, SR. PRESIDENT** 1-14-02 (904) 261-2068  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)