2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000084877

FILED
Mar 31, 2000 8:00 am
Secretary of State
03-31-2000 90048 011 ***150.00

1. Entity Name
FLORIDA SHARK BITES, Inc.

Principal Place of Business

Mailing Address
232 Monet Dr.
NOKOMIS, FL, 34275

2. Principal Place of Business		3. Mailing Address	
232 Monet Dr		232 monet Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NOKOMIS, FL		City & State: NOKOMIS, FL	
Zip: 34275	Country: U.S.A.	Zip: 34275	Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0630778 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Michel EVRARD
232 Monet Dr.
NOKOMIS, FL, 34275

7. Name and Address of New Registered Agent
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] Michel EVRARD President. 03/27/00
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Michel EVRARD, 232 Monet Dr, NOKOMIS, FL, 34275, President.	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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] 03/27/00 (941) 9181475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #