

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90043 009 ***158.75

DOCUMENT # P96000011944

1. Entity Name

GULF CRAB COMPANY

Principal Place of Business

1274 JAMAICA ROAD
MARCO ISLAND FL 33937

Mailing Address

1274 JAMAICA ROAD
MARCO ISLAND FL 33937

2. Principal Place of Business

1330 Bayport Ave.

Suite, Apt. #, etc.

3. Mailing Address

1330 Bayport Ave.

Suite, Apt. #, etc.

City & State

Marco Island, FL.

City & State

Marco Island, FL.

Zip

34145

Country

Collier

Zip

34145

Country

Collier

4. FEI Number

65-0643304

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HILLIER, CRAIG R
1274 JAMAICA RD
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name Craig R. Hillier (Same)

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

1330 Bayport Ave.

City Marco Island FL Zip Code 34145

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 Craig R. Hillier P.S.T.D. Craig R. Hillier, April 17, 2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROSSOUN, YETTE	
STREET ADDRESS	1274 JAMAICA ROAD	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	HILLIER, CRAIG	
STREET ADDRESS	1274 JAMAICA ROAD	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Hillier	
STREET ADDRESS	1330 Bayport Ave.	
CITY-ST-ZIP	Marco Island FL 34145	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Craig R. Hillier craig R. Hillier 4-17-01 941-394-0489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)