

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000034652

1. Entity Name
SKIPPER'S SEAFOOD TOO, INC.

Principal Place of Business
130 OLD HIGHWAY 98 #2
DESTIN FL 32541

Mailing Address
130 OLD HIGHWAY 98 #2
DESTIN FL 32541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip 32550

Country WALTON

Zip 32550

Country WALTON

4. FEI Number 59-3380884

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HARRIS, H H III
130 OLD HIGHWAY 98 #2
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code 32550

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, 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 DP
NAME HARRIS, H H III
STREET ADDRESS 130 OLD HIGHWAY 98 #2
CITY-ST-ZIP DESTIN FL 32541 ☐ Delete

TITLE DS
NAME HARRIS, H H III
STREET ADDRESS 102 MONARCH DR.
CITY-ST-ZIP SANTA ROSA BEACH FL 32459 ☐ Delete

TITLE DVP
NAME HARRIS IV, HENRY H
STREET ADDRESS 238 MONARCH DR.
CITY-ST-ZIP SANTA ROSA BCH FL 32459 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ZIP 32550 ☐ Change ☐ Addition

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

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

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

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

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: H H HARRIS III H H HARRIS III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-01 850-654-2611
Date Daytime Phone #

FILED
Apr 06, 2001 8:00 am
Secretary of State
04-06-2001 90040 015 ***150.00

523486



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)