

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90036 014 \*\*\*150.00

**DOCUMENT # P96000056770**

1. Entity Name: **4TH STREET SHRIMP STORE, INC.**

Principal Place of Business

**1006 4TH STREET NORTH  
ST. PETERSBURG FL 33701**

Mailing Address

**1006 4TH STREET NORTH  
ST. PETERSBURG FL 33701-1724**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3386178**

Applied For  
Not Applicable

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

**GARTLAN, ANDREW F  
1006 4TH STREET NORTH  
ST. PETERSBURG FL 33701**

Name **Vicki Loges**  
Street Address (P.O. Box Number is Not Acceptable) **1006 4th St. N.  
St. Petersburg FL**  
City **FL** Zip Code **33701**

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

*Andrew Gartlan by Vicki Loges* **Vicki Loges President**  
Signature of current registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE **1/18/00**

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 **D** ☐ Delete  
NAME **LOGES, VICKI**  
STREET ADDRESS **1006 4TH STREET NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE **D** ☒ Delete  
NAME **GARTLAN, ANDREW F**  
STREET ADDRESS **1006 4TH STREET NORTH**  
CITY-ST-ZIP **ST. PETERSBURG FL 33701** *Decensed*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Vicki Loges* **Vicki Loges**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**727-882-0325 B**