

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000060181

1. Entity Name

CRUSTACEAN CORP.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90054 029 ***550.00

Principal Place of Business

27170 HICKORY BLVD.
BONITA BEACH FL 33923

Mailing Address

7417 BAY COLONY DR.
NAPLES FL 34108

2. Principal Place of Business

3. Mailing Address

27170 HICKORY BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

BONITA SPRINGS FL

Zip

Country

Zip

Country

34134

LEE

4. FEI Number

65-0697070

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

COLEMAN, KEVIN G ESQ
4001 TAMiami TRAIL NORTH #300
NAPLES FL 33940

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
PVST
BAYER, DENAE L
27170 HICKORY BLVD.
BONITA BEACH FL 33923 ☐ Delete

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

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BAYER, DENAE L
27170 HICKORY BLVD.
BONITA BEACH FL 33923 ☐ Delete

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/00 341-992-0455
Date Daytime Phone #

CR2E034 (5/00)