## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

**DOCUMENT #** 

P96000093689

Mailing Address

712 DUVAL STREET

KEY WEST FL 33040

3. Mailing Address

City & State

Suite, Apt. #, etc.

1. Entity Name MR. OYSTER, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

712 DUVAL STREET

KEY WEST FL 33040



**FILED** Jan 13, 2003 8:00 am **Secretary of State** 

01-13-2003 90648 010 \*\*\*150.00

UUUUU4---



6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) STONE, JOHN G 712 DUVAL STREET KEY WEST FL 33040

Zip

	City	F	L	Zip Code
stere	d office or reg	gistered agent, or both, in the State of Florida. I ar	m fan	niliar with, and accept

7. Name and Address of New Registered Agent

B. Th	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. I the obligations of registered agent.	am familiar with, and acce	∋pt

Country

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

DATE

**\$5.00** May Be Added to Fees

Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. Addition ☐ Change TITLE ☐ Delete TITLE NAME STONE, JOHN G NAME STREET ADDRESS 712 DUVAL STREET STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP SECTREAS HEDA NALLEY ☐ Change TITLE Delete TITLE VP. NAME 7/2 DWAL ST FERRINI, STEVEN STREET ADDRESS KRYWEST, FI 33040 712 DUVAL STREET STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME SMITH, JAMES ---NAME STREET ADDRESS 712 DUVAL STREET STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-7IF Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition

12. 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 10 or Block 11 if CITY-ST-ZIP changed, or on an attachment with

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ Delete

CR2E034 (10/02)