

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

0549031 AV

DOCUMENT # **P97000003117**

1. Entity Name
CAPT'N BUDDY & WRENT'S SHRIMP COMPANY, INC.

04-17-2002 90083 042 ***150.00

Principal Place of Business
**179 KLOSTERMAN ROAD WEST
TARPON SPRINGS FL 34689**

Mailing Address
**179 KLOSTERMAN ROAD WEST
TARPON SPRINGS FL 34689**



2. Principal Place of Business
179 W. Klosterman Road.
Suite, Apt. #, etc.

3. Mailing Address
179 W. Klosterman Road
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Tarpon Spring FL
Zip
34689
Country
Pine11AS

City & State
Tarpon Springs FL
Zip
34689
Country
Pine11AS

4. FEI Number **59-3416148**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MINTZ, WILLIAM
179 KLOSTERMAN ROAD WEST
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name
Deborah J. Mintz
Street Address (P.O. Box Number is Not Acceptable)
179 W. Klosterman Road
City
Tarpon Spring FL Zip Code
34689

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 **Deborah J. Mintz PD**

(NOTE: Registered Agent signature required when reinstating)

04-07-02
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, 2002 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 **PD**
NAME **MINTZ, WILLIAM** ☒ Delete
STREET ADDRESS **179 KLOSTERMAN ROAD WEST**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **SD**
NAME **MINTZ, DEBRA** ☒ Delete
STREET ADDRESS **179 KLOSTERMAN ROAD WEST**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Mintz Deborah J.**
STREET ADDRESS **179 W. Klosterman Road.**
CITY-ST-ZIP **Tarpon Spring FL 34689**

TITLE **MD** ☒ Change ☐ Addition
NAME **Mintz William**
STREET ADDRESS **179 W. Klosterman Road.**
CITY-ST-ZIP **Tarpon Springs FL 34689**

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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: **Deborah J. Mintz PD**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-02 **727 942-1100**
Date Daytime Phone #

CR2E034 (9/01)