

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000069461**

1. Entity Name

DELAINO & PEREZ CLAMS, INC.**FILED****May 05, 2001 8:00 am**
Secretary of State

05-05-2001 91094 024 ***150.00

Principal Place of Business

1025 7 STREET
CEDAR KEY FL 32625

Mailing Address

P O BOX 158
CEDAR KEY FL 32625

2. Principal Place of Business

1191 8th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cedar Key, FL

City & State

4. FEI Number **59-3462326**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DELAINO, WILLIAM E JR
1025 7 STREET
CEDAR KEY FL 32625

Name

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

1191 8th Street

City

Cedar Key FL**FL**

Zip Code

32625

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

William E. Delaino Jr.**4/24/01**

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 State10. 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	<input type="checkbox"/> Delete
P	DELAINO, JR WILLIAM E	1025 7TH STREET	CEDAR KEY FL 32625	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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VP	PEREZ, TEOFILO	5090 E STREET	CEDAR KEY FL 32625	<input type="checkbox"/>
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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:

William E. Delaino Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/01 (352) 543-6001

CR2E034 (10/00)