

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90060 048 \*\*\*150.00

DOCUMENT # P97000107752

1. Entity Name  
HPSB CLAMS, INC.

Principal Place of Business

12830 JERNIGAN AVE  
CEDAR KEY FL 32625

Mailing Address

PO BOX 46  
CEDAR KEY FL 32625

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 59-3491579

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

CAUSEY, KATHRYN F

6052 D ST  
CEDAR KEY FL

Name

CAUSEY, KATHRYN F

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

12421 SR 24

City

CEDAR KEY

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

*[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/01

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSD  
POWELL, HOWARD  
12830 JERNIGAN AV  
CEDAR KEY FL 32625 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
POWELL, HOWARD  
12830 JERNIGAN AV  
CEDAR KEY, FL 32625 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
CAUSEY, KATHRYN F  
6052 D ST  
CEDAR KEY FL 32625 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
CAUSEY, KATHRYN F  
12421 SR 24  
CEDAR KEY, FL 32625 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SALLY BEVERIDGE  
12830 JERNIGAN AV  
CEDAR KEY, FL 32625 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2501

352-543-6271

Date

Daytime Phone #

CR2E034 (10/00)