

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90429 039 ***150.00

DOCUMENT # P980000021364

1. Entity Name
THE FISHMONGER RESTAURANT OF FT. MYERS
Beach, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
19030 SAN CARLOS BLVD
Suite, Apt. #, etc.

3. Mailing Address
868 106th AVENUE NORTH
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT MYERS BEACH FL
Zip
33931
Country

City & State
NAPLES, FLORIDA
Zip
34108
Country

4. FEI Number
650154879
Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name
RULAND, NICHOLAS
Street Address (P.O. Box Number is Not Acceptable)
933 PRESCOTT BLVD.
City
FORT MYERS BEACH FL Zip Code
33931

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.
NICHOLAS RULAND 4-30-02
(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) ☐

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
RULAND, NICHOLAS
93 PRESCOTT STREET
FORT MYERS BEACH FL 33931

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**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE:  NICHOLAS RULAND 4-30-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

Daytime Phone #