

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000024534

1. Entity Name
FISH TALES SEAFOOD OF SARASOTA, INC.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90005 020 ***550.00

Principal Place of Business

6551 GATEWAY DRIVE
SARASOTA FL 34231

Mailing Address

6551 GATEWAY DRIVE
SARASOTA FL 34231

2. Principal Place of Business

6331 S. TAMiami TRAIL

Suite, Apt. #, etc.

3. Mailing Address

6331 S. TAMiami TRAIL

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

65-0819134

Applied For

Not Applicable

Zip

Country

SARASOTA

Zip

34231

Country

SARASOTA

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

6. Name and Address of Current Registered Agent

ROBERT T. SMALLWOOD II, P.A.
1715 STICKNEY POINT ROAD
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME LARSEN, MICHAEL
STREET ADDRESS 401 SOUTH PALM AVENUE #7
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE D
NAME LARSEN, DANIELA
STREET ADDRESS 401 SOUTH PALM AVENUE #7
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE LARSEN MICHAEL ☒ Change ☐ Addition
NAME
STREET ADDRESS 4831 SWEETMEADOW CIRCLE
CITY-ST-ZIP SARASOTA FL 34238

TITLE LARSEN, DANIELA ☒ Change ☐ Addition
NAME
STREET ADDRESS 4831 SWEETMEADOW CIRCLE
CITY-ST-ZIP SARASOTA FL 34238

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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:

Daniela Larsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)