

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90088 018 \*\*\*150.00

DOCUMENT # P98000066042

1. Entity Name

C.N.S. TRAWLERS, INC.

Principal Place of Business

P.O. BOX 5861  
KEY WEST FL 33040

Mailing Address

P.O. BOX 5861  
KEY WEST FL 33040

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

33045

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33045

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0853453

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

SUNIER, CHERYL E  
906C KENNEDY DRIVE  
KEY WEST FL 33040

Name

CHERYL E. SUNIER

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

5543 AXMINSTER DR.

City

SARASOTA

FL

Zip Code

34241

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 \$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 D ☐ Delete  
NAME SUNIER, CHERYL E  
STREET ADDRESS 906C KENNEDY DRIVE  
CITY-ST-ZIP KEY WEST FL 33040

TITLE P/D ☒ Change ☐ Addition  
NAME CHERYL E SUNIER  
STREET ADDRESS 5543 AXMINSTER DR  
CITY-ST-ZIP SARASOTA, FL 34241

TITLE D ☐ Delete  
NAME MARESCA, NEAL  
STREET ADDRESS 906C KENNEDY DRIVE  
CITY-ST-ZIP KEY WEST FL 33040

TITLE D ☒ Change ☐ Addition  
NAME NEAL MARESCA  
STREET ADDRESS PO BOX 5861  
CITY-ST-ZIP KEY WEST, FL 33045

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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: Cheryl E. Sunier CHERYL E. SUNIER

4/1/01

305-292-5186

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)