

2000 UNIFORM BUSINESS REPORT (UBR)

5/9

FILED
Jun 29, 2000 8:00 am
Secretary of State

05-09-2000 90143 012 ***150.00

DOCUMENT # **P98000072784**

Entity Name

FLORIDA SWEETWATER SHRIMP CO. INC.

Principal Place of Business

Mailing Address

**12416 LAGOON LN
 TREASURE ISLAND, FL
 33706**

306934

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12416 LAGOON LANE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2

City & State

TREASURE ISLAND FL

City & State

4. FEI Number

59-3652853

Applied For

Not Applicable

Zip

Country

USA

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

CHARLES F. DECKER

Name

10209 B Gulf Blvd

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

TREASURE ISLAND, FL

City

33706

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 \$150.00

After MAY 1, 2000 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 **C C Rice** ☐ Delete
 NAME **PRESIDENT**
 STREET ADDRESS **12416 LAGOON LN #2**
 CITY-ST-ZIP **TREASURE ISLAND, FL 33706**

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

TITLE **VICE PRESIDENT** ☐ Delete
 NAME **C. R. KENNER**
 STREET ADDRESS **502 So. Fremont Ave. #215**
 CITY-ST-ZIP **Tampa, FL 33606**

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

TITLE **JACK VOSHARDT** ☐ Delete
 NAME **SECRETARY**
 STREET ADDRESS **15635 Gulf Blvd, ARLINGTON**
 CITY-ST-ZIP **33708 Beach**

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

TITLE **TREASURER** ☐ Delete
 NAME **THOMAS RUTLAND**
 STREET ADDRESS **6511 43RD ST. #102, PINEHILLS PK, FL**
 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
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Charles C Rice Jr.

4/12/00

(727) 363-6636

Daytime Phone #

CR2E034 (9/99)