## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 29, 2002 8:00 am Secretary of State P98000077843 DOCUMENT # 1. Entity Name 04-29-2002 90059 005 \*\*\*150.00 SHOES OF THE FISHERMAN, INCORPORATED Mailing Address Principal Place of Business 316 21ST AVENUE. NE 316 21ST AVENUE. NE ST. PETERSBURG FL 33704 ST. PETERSBURG FL 33704 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 24-7-4- -<del>-</del> Applied For 4. FEI Number City & State City & State 59-3534873 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POPE, ROBERT W Street Address (P.O. Box Number is Not Acceptable) 2037 1ST AVENUE NORTH ST. PETERSBURG FL 33713 Zip Code City FL 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Chairman of The Board ☐ Delete TITLE TITLE NAME FARRELL, KATHLEEN L STREET ADDRESS 316 21ST AVENUE N.E. STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33704 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME HARPER, LINDA S NAME STREET ADDRESS STREET ADDRESS 316 21ST AVENUE N.E. CITY-ST-ZIP ST. PETERSBURG FL 33704 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE FISCHER, LAWRENCE NAME NAME STREET ADDRESS STREET ADDRESS 8401 9TH ST NORTH CITY-ST-ZIP SAINT PETERSBURG FL 33702 CITY-ST-7IP ☐ Change ☐ Addition 🔀 Delete TITLE TITLE OBERDINS, JACK NAME NAME STREET ADDRESS 4820 PARK BOULEVARD STREET ADDRESS PINELLAS PARK FL 33781 CITY-ST-7IP CITY-ST-ZIP **∖** Addition ☐ Delete TITLE TITLE President narlie Owers NAME NAME 2440 S.R. 580, Suite 12 STREET ADDRESS STREET ADDRESS 33759 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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

**FILED** 

CR2E034 (9/01)