

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90101 030 ***150.00

DOCUMENT # P98000078230

1. Entity Name
CRAB HUT SEAFOOD INC.

Principal Place of Business
**837 8 AVE WEST
 PALMETTO FL 34221**

Mailing Address
**837 8 AVE WEST
 PALMETTO FL 34221**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0878626**

Applied For
 Not Applicable

Zip Country

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

**BLOOM, JUSTIN
 1910 MANATEE AVE W
 BRADENTON FL 34205**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	SMALLS, HENRY SR	
STREET ADDRESS	804 27TH AVE W	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KENDAL, JACKIE	
STREET ADDRESS	2525 13 AVE E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ADAMS, BRIDGETT	
STREET ADDRESS	813 18TH ST E	
CITY-ST-ZIP	BRADENTON FL 34205	
TITLE	S	<input type="checkbox"/> Delete
NAME	KENDAL, MARVIN	
STREET ADDRESS	2525 13 AVE E	
CITY-ST-ZIP	BRADENTON FL	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	KENDALL, MARRIEN	
STREET ADDRESS	837 8 AVENUE WEST	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *Henry D. Smalls* **APR 28, 2002** **941-723-6897**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)