

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90132 040 ***550.00

DOCUMENT # P98000082555

1. Entity Name
FULTON FISH COMPANY

Principal Place of Business
545 S 10TH STREET
JACKSONVILLE BEACH FL 32250

Mailing Address
545 S 10TH STREET
JACKSONVILLE BEACH FL 32250



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3534663**

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

ROTHSTEIN, SIMON D
4417 BEACH BLVD., STE. 104
JACKSONVILLE FL 32207

Name **Timothy P. Kelly PA.**
 Street Address (P.O. Box Number is Not Acceptable)
1016 LA SALLE Street
 City **Jacksonville,** FL Zip Code **32207**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **7/24/02**

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, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **SEWELL, ROBERT G**
 STREET ADDRESS **545 S 10TH ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32-2250**

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

TITLE **DVT** ☐ Delete
 NAME **OLCOTT, HARRY E JR**
 STREET ADDRESS **545 S 10TH ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32-2250**

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

TITLE **DS** ☒ Delete
 NAME **OLCOTT, HARRY E SR**
 STREET ADDRESS **545 S 10TH ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32-2250** *now deceased*

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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 NAME
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 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]* **Robert Sewell, PRES** **7/23/02** **904 247 3446**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)