2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90217 024 ***150.00

0473416

DOCUMENT # P98000093126

1. Entity Name
DOG ISLAND BLUES CLAM COMPANY

Principal Place of Business	Mailing Address
DOG ISLAND CLAM FARMS CEDAR KEY FL	~~P.O. BOX 96~~ ~~TRENTON FL 32693~~

2. Principal Place of Business	3. Mailing Address
	PO Box 46
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Cedar Key, Fl
Zip / Country	Zip: 32625 / Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3546469 ☐ 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
~~CAUSEY, KATHRYN F~~ →	Name: Causey, Kathryn F.
~~413 NE 7TH STREET~~ →	Street Address (P.O. Box Number is Not Acceptable): 12421 SR 24
~~TRENTON FL~~ →	City: Cedar Key **FL** Zip Code: 32625

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] Causey DATE 4/27/01
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD CANTWELL, RORY S DOG ISLAND FARMS CEDAR KEY FL 32625 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAUSEY, KATHRYN F ~~413 NE 7TH STREET~~ → ~~TRENTON FL 32693~~ → ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 12421 SR 24 Cedar Key, Fl 32625
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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] Causey — 4/20/01 — 352-543-6271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #