# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 10, 2002 8:00 AM**
**Secretary of State**

DOCUMENT# P98000093126

**Entity Name:** DOG ISLAND BLUES CLAM COMPANY

**Current Principal Place of Business:**

DOG ISLAND CLAM FARMS
CEDAR KEY, FL

**New Principal Place of Business:**

POST OFFICE BOX 725
CEDAR KEY, FL 32625

**Current Mailing Address:**

P.O. BOX 46
CEDAR KEY, FL 32625

**New Mailing Address:**

P.O. BOX 725
CEDAR KEY, FL 32625

**FEI Number: 59-3546469** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CAUSEY, KATHRYN F
12421 SR 24
CEDAR KEY, FL 32625 US

**Name and Address of New Registered Agent:**

STANFIELD, KIMBERLEY J
7202 NW 52ND TERRACE
GAINESVILLE, FL 32653 US

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: KIMBERLEY J. STANFIELD 03/10/2002
Electronic Signature of Registered Agent Date

**This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).**
**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSD ( ) Delete
Name: CANTWELL, RORY S
Address: DOG ISLAND FARMS
City-St-Zip: CEDAR KEY, FL 32625

Title: T ( ) Delete
Name: CAUSEY, KATHRYN F
Address: 12421 SR 24
City-St-Zip: CEDAR KEY, FL 32625

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: CANTWELL, RORY S
Address: POST OFFICE BOX 725
City-St-Zip: CEDAR KEY, FL 32625

Title: VP (X) Change ( ) Addition
Name: MALONE, ROSANNE
Address: POST OFFICE BOX 725
City-St-Zip: CEDAR KEY, FL 32625

Title: T/S ( ) Change (X) Addition
Name: STANFIELD, KIMBERLEY J
Address: 7202 NW 52ND TERRACE
City-St-Zip: GAINESVILLE, FL 32653

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLEY J. STANFIELD T/S 03/10/2002
Electronic Signature of Signing Officer or Director Date