

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000093252

1. Entity Name

CRYSTAL RIVER SEAFOOD NO. 5, INC.

FILED

Jan 19, 2001 8:00 am

Secretary of State

01-19-2001 90016 042 ***150.00

Principal Place of Business

5000-18 HIGHWAY 17 BOX 200
ORANGE PARK FL 32073

Mailing Address

5000-18 HIGHWAY 17 BOX 200
ORANGE PARK FL 32073

00004431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3346 E. SEMORAN BLVD

Suite, Apt. #, etc.

3. Mailing Address

5000-18 HWY 17 #288

Suite, Apt. #, etc.

City & State

APOKA, FL

Zip
32703

Country
US

City & State

ORANGE PARK, FL

Zip
32003

Country
US

4. FEI Number 59-3542087

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAJALIA, SAM JR
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BAJALIA, MICHAEL	
STREET ADDRESS	5000-18 HIGHWAY 17 BOX 200	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAJALIA, LAVONIA	
STREET ADDRESS	5000-18 HIGHWAY 17 BOX 200	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAJALIA, AMY	
STREET ADDRESS	5000-18 HIGHWAY 17 BOX 200	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, WILLIAM	
STREET ADDRESS	5000-18 HIGHWAY 17 BOX 200	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWNING, PAUL	
STREET ADDRESS	5000-18 HIGHWAY 17 BOX 200	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAJALIA, SAM JR	
STREET ADDRESS	5000-18 HWY 17, BOX 200	
CITY-ST-ZIP	ORANGE PARK FL 32073	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1279 KINGSLEY AVE #116
CITY-ST-ZIP	ORANGE PARK FL 32073
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1279 KINGSLEY AVE #116
CITY-ST-ZIP	ORANGE PARK FL 32073
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1279 KINGSLEY AVE #116
CITY-ST-ZIP	ORANGE PARK FL 32073
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NAME	
STREET ADDRESS	1279 KINGSLEY AVE #116
CITY-ST-ZIP	ORANGE PARK FL 32073
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1279 KINGSLEY AVE #116
CITY-ST-ZIP	ORANGE PARK FL 32073

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01

Date

904-278-2117

Daytime Phone #

CR2E034 (10/00)

0449789