

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095212

1. Entity Name
PINCHERS CRAB SHACK, INC.

Principal Place of Business
3300 BONITA BCH RD., UNIT 120
BONITA SPRINGS FL 33923

Mailing Address
253 Johnny Cake Dr
Naples, FL 34110

2. Principal Place of Business
Bonita Springs / Ft Myers, FL
Suite, Apt. #, etc.

3. Mailing Address
253 Johnny Cake Dr.
Suite, Apt. #, etc.

City & State

City & State
Naples, FL 34110

Zip Country

Zip Country
Lee

4. FEI Number 59-3593985

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHIELD, CHRISTOPHER J ESQ.
1833 HENDRY ST
FT. MYERS FL 33901

Please Change To
New Registered Agent

7. Name and Address of New Registered Agent

Name Robert M. Coleman, Jr. CPA
Street Address (P.O. Box Number is Not Acceptable)
1400 A 15TH ST N
City Immokalee FL Zip Code 34144

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 Robert M. Coleman, Jr. CPA

(NOTE: Registered Agent signature required when reinstating)

DATE 8/8/01

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 12, 2001 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

TITLE PVD
NAME PHELAN, ANTHONY L
STREET ADDRESS 253 JOHNNYCAKE
CITY-ST-ZIP NAPLES FL 34110

TITLE STD
NAME PHELAN, KATHLEEN
STREET ADDRESS 253 JOHNNYCAKE
CITY-ST-ZIP NAPLES FL 34110

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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)(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 life empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED

Date 08/29/01 941 750-3600

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90065 010 ***550.00



DO NOT WRITE IN THIS SPACE

0009198600 AV

CR2E034 (5/01)