

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90047 033 \*\*\*158.75

**DOCUMENT # P99000006013**

1. Entity Name

**DANIEL R. PELL BLUE CRAB FISHERMAN, INC.**

Principal Place of Business

Mailing Address

4981 HICKORY WOOD DR.  
 NAPLES FL 34119

4981 HICKORY WOOD DR.  
 NAPLES FL 34119-1415

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Fee Number

Applied Fee

Not Applied

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

PELL, DANIEL  
 4981 HICKORY WOOD DR  
 NAPLES FL 34119

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** may  
 Added to F...

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D** ☐ Delete  
**PELL, DANIEL**  
**4981 HICKORY WOOD DR.**  
**NAPLES FL 34119**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D** ☐ Delete  
**PELL, MARLENE**  
**4981 HICKORY WOOD DR.**  
**NAPLES FL 34119**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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☐ Change ☐

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 12, as 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

Date

Daytime Phone #

2.2.00 (941) 348-1657