

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2000 8:00 am
Secretary of State
 04-23-2000 90016 020 ***150.00

DOCUMENT # P99000018744

1. Entity Name

R.S. TRAWLERS, INC.

Principal Place of Business

Mailing Address

P.O. BOX 5861
 KEY WEST FL 33045

P.O. BOX 5861
 KEY WEST FL 33045-5861

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0901258

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

FIELDER, LYNNE H
19960 OVERSEAS HIGHWAY
SUGARLOAF KEY FL 33042

Name

CHERYL E. SUNIER

Street Address (P.O. Box Number is Not Acceptable)

5543 AXMINSTER DRIVE

City

SARASOTA

FL

Zip Code

34241

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

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

CHERYL E. SUNIER
 (NOTE: Registered Agent signature required when reinstating)

4/17/00
 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 Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SUNIER, CHERYL E**
 CITY-ST-ZIP **906 C KENNEDY DRIVE**
KEY WEST FL 33040

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **5543 AXMINSTER DR.**
 CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **NEAL MARESCA**
 CITY-ST-ZIP **PO BOX 5861**
KEY WEST, FL 33045

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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 like empowered.

SIGNATURE:

Cheryl E. Sunier
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHERYL E. SUNIER

4/17/00
 Date

305-292-5186
 Daytime Phone #

CR2E034 (9/99)