

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018744

1. Entity Name

R.S. TRAWLERS, INC.

FILED

Apr 05, 2001 8:00 am  
Secretary of State

04-05-2001 90088 020 \*\*\*150.00

Principal Place of Business P.O. BOX 5861 KEY WEST FL 33045	Mailing Address P.O. BOX 5861 KEY WEST FL 33045
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 65-0901258	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FIELDER, LYNNE H  
19960 OVERSEAS HIGHWAY  
SUGARLOAF KEY FL 33042

7. Name and Address of New Registered Agent

Name  
CHERYL E. SUNIER  
Street Address (P.O. Box Number is Not Acceptable)  
5543 AXMINSTER DR  
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 CHERYL E. SUNIER PRESIDENT 4/1/01  
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUNIER, CHERYL E 906 C KENNEDY DRIVE KEY WEST FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D CHERYL E. SUNIER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5543 AXMINSTER DR SARASOTA, FL 34241
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL MARESCA <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PO BOX 5861 KEY WEST, FL 33045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 CHERYL E. SUNIER 4/1/01 305-292-5186  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)