

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90006 043 \*\*\*150.00

**DOCUMENT # P99000024243**

1. Entity Name  
**PORT RICHEY SHRIMP DOCKS, INC.**

|  |         |   |         |
|--|---------|---|---------|
| Principal Place of Business<br>6641 CLARK ST.<br>HUDSON FL 34667 |         | Mailing Address<br>6641 CLARK ST.<br>HUDSON FL 34667-1354 |         |
| 2. Principal Place of Business                                   |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |         | Suite, Apt. #, etc.                                       |         |
| City & State   |         | City & State  |         |
| Zip  | Country | Zip   | Country |



DO NOT WRITE IN THIS SPACE

|   |  |                                       |
|---|--|---------------------------------------|
| 4. FEI Number<br><b>59-3557919</b>                        |  | Applied For                           |
|   |  | Not Applicable                        |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75</b> Additional Fee Required |

|   |  |  |                       |
|---|--|--|-----------------------|
| 6. Name and Address of Current Registered Agent<br><b>FRANKLIN, JOHN J JR.<br/>5329 MOONGATE RD.<br/>SPRING HILL FL 34606</b> |  | 7. Name and Address of New Registered Agent        |                       |
|   |  | Name   | <b>Walter Horton</b>  |
|   |  | Street Address (P.O. Box Number is Not Acceptable) | <b>6641 Clark St.</b> |
|   |  | City   | <b>Hudson FL</b>      |
|   |  | Zip Code   | <b>34667</b>          |

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 *Walter Horton* (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"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>SAKELSON, WILLIAM J</b>               | NAME  |   |
| STREET ADDRESS             | <b>7150 PARK DR.</b>                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>NEW PORT RICHEY FL 34652</b>          | CITY-ST-ZIP   |   |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>HORTON, WALTER</b>                    | NAME  |   |
| STREET ADDRESS             | <b>6641 CLARK ST.</b>                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>HUDSON FL 34667</b>                   | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Walter Horton* **REGISTERED** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_