## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #

Principal Place of Business

SIGNATURE:

P99000054938

Mailing Address

1. Entity Name

SCHOONER SHOP, INC.



**FILED** Apr 02, 2003 8:00 am Secretary of State 04-02-2003 90077 039 \*\*\*150.00

5803 PAPAYA ( FT.PIERÇE FL (				SUS PAPATA DR. FT.PIERCE FL 34982								
2. Principal Place of Business			3. Mai	3. Mailing Address						{		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State				& State	·		_4.				plied For t Applicable	}_
Zip	Zip Country			Zip Coun			5. 0	Certificate of Status Desired		\$8.75 Add	litional	1
	and Address of C	urrent Register	ed Agent	,		7. 1	Name and Address of New I	Registered	Agent		1	
				Name								
SMITH, WII 5803 PAPA				Street Ac			s (P.O. B	Box Number is Not Acceptable	e)			
FT.PIERCE		3 r										1
				* *	}	City			F			
8. The above the obligation	named entity ons of registe	v submits this state ered agent.	ment for the purp	oose of changing it	s registered	office or regis	tered ag	ent, or both, in the State of Fl	orida. Lan	n familiar with,	and accept	
SIGNATURE :=		<u> </u>									<u>_</u> _	
h; **	Signature, typed	or printed name of register	ed agent and title if ap	plicable. (NO	TE: Registered A	gent signature requ	ired when re	einstating)	DATE			4
🖟 🖄 After	May 1, 200	FEE IS \$150.0 Fee will be \$5 Flòrida Departn	50.00					Election Campaign Fi Trust Fund Contribution			<b>0</b> May Be to Fees	
10. OFFICERS AND D				DRS	11.		ΑC	DITIONS/CHANGES TO OF	FICERS AN	ID DIRECTORS	3 IN 11	1_
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indicated of the cor	on this repor	et or aumolomontal i	report is true and se empowered to	d accurate and that b execute this repor	t my signatui rt as require	re chall have t	ie same	119.07(3)(i), Florida Statutes legal effect as if made under ida Statutes; and that my nar	Dain: mai	ram an onice	OI GIIBULOI	

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