

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063392

1. Entity Name

CRAB TRAP, INCORPORATED

Principal Place of Business

2957 TIVOLI AVE.
PALM BAY FL 32909

Mailing Address

2957 TIVOLI AVE.
PALM BAY FL 32909-7414

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

65-0952395

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

LAGANO, ALBERT S ESQ
1803 AIRPORT BLVD.
MELBOURNE FL 32902-0897

Name

Sandy Shelton

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

2957 Tivoli Ave SE

City

Palm Bay

FL

Zip Code

32909

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 Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	SHELTON, SANDY	
STREET ADDRESS	2957 TIVOLI AVE.	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	SHELTON, TAMMY	
STREET ADDRESS	2582 WOODSMILL DR.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, JAMES	
STREET ADDRESS	2582 WOODSMILL DR.	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martha Ellison	
STREET ADDRESS	2957 Tivoli Ave SE	
CITY-ST-ZIP	Palm Bay FL 32909	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Launda Shelton	
STREET ADDRESS	2018 Elizabeth St	
CITY-ST-ZIP	West Melbourne FL 32904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/03/00

Date

321 724-0009

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90042 033 ***150.00