

2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P99000065396

1. Entity Name

LONG ISLAND SHELLFISH COMPANY, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

02-26-2000 90064 008 ***150.00

Principal Place of Business

1904 ASCOTT RD.
NORTH PALM BEACH FL 33408

Mailing Address

1904 ASCOTT RD.
NORTH PALM BEACH FL 33408-2207

2. Principal Place of Business

11603 US Hwy 1
Suite, Apt. #, etc.
NORTH Palm Beach

3. Mailing Address

SAME

City & State

FLORIDA

City & State

Zip

Country

33408

Palm Beach

4. FEI Number

65-0937840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WOTTAWA, JOANN
1904 ASCOTT RD.
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE V.P.
NAME JoAnn Wottawa
STREET ADDRESS 1904 ASCOTT RD
CITY-ST-ZIP N.P.B FL 33408 ☐ Delete

TITLE PRES
NAME KATHERINE Lanza
STREET ADDRESS 109 Sandpine Dr.
CITY-ST-ZIP JUPITER FL 33477 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

JoAnn Wottawa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/00 622-7200

CR2E034 (9/99)