

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90243 024 ***150.00

0601276 AT

DOCUMENT # P99000103326

1. Entity Name
HAPPY DAYS FISHERIES, INC.

Principal Place of Business
7218 DIPOLA DRIVE
HUDSON FL 34667

Mailing Address
7218 DIPOLA DRIVE
HUDSON FL 34667

2. Principal Place of Business
14-601 STREET

3. Mailing Address
PO Box 56

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
YANKEETOWN, FL

City & State
Yankeetown, FL

4. FEI Number
59-3616313

Applied For
 Not Applicable

Zip
34498 Country
Levy

Zip
34498 Country
Levy

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

DURAN, DOROTHY A
7218 DIPOLA DRIVE
HUDSON FL 34667

Name

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

14-601 Street

City
Yankeetown

FL

Zip Code
34498

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
P
DURAN, NICHOLAS R
7218 DIPOLA DRIVE
HUDSON FL 34667 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
14-601 street
Yankeetown FL 34498

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VP
DURAN, DOROTHY A
7218 DIPOLA DRIVE
HUDSON FL 34667 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
14-601 street
Yankeetown FL 34498

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

TITLE
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 CITY-ST-ZIP
☐ Delete

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☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
☐ Delete

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:

Dorothy A. Duran

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-01-02 (352) 447-1869

Date Daytime Phone #

CR2E034 (9/01)