

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

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90579 009 ***150.00

DOCUMENT # **S 61229**

1. Entity Name

THE CRAZY CONCH, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5685 LK. WASHINGTON Rd.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MELBOURNE FL

City & State

City & State

32934-7888

Zip

Country

BREVARD

Zip

Country

4. FEI Number

65-034 9353

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

REINMAN & KOSTRO

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

1825 RIVERVIEW DR.

City

MELBOURNE

FL

Zip

32901

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1: Fee is \$150.00 —
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, ANN 5685 LK WASHINGTON Rd. MELBOURNE, FL 32934-7888	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, LEE 5685 LK WASHINGTON Rd. MELBOURNE, FL 32934-7888	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Ann Williams**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

Date

**321
254-2417**

Daytime Phone