2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 13, 2000 8:00 am Secretary of State DOCUMENT # **G89990** - - - J SEAFOOD ATLANTIC. INC. 06-13-2000 90002 018 ***558.75 Principal Place of Business Mailing Address 520 GLENN CHEEK BLVD 4065 TANGELO AVENUE CAPE CANAVERA < AL FL 32920 COCOA FL 32926-2839 3. Mailing Address 2. Principal Place of Business TOO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FFI Number 59-2377164 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BUSSE. JAMES DONALD** Street Address (P.O. Box Number is Not Acceptable) **4065 TANGELO AVENUE** COCOA FL 32926 Zip Code FL 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. DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 . This corporation is eligible to satisfy its Intangible. 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE BUSSE, JAMES DONAL NAME NAME **4065 TANGELO AVENUE** STREET ADDRESS STREET ADDRESS COCOA FL CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change | ☐ Delete TITLE BUSSE, LINDA CHRISTIE NAME NAME **4065 TANGELO AVENUE** STREET ADDRESS STREET ADDRESS COCOA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP - Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR