

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90157 050 ***150.00

DOCUMENT # **P02000012936**



1. Entity Name
SWEETWATER SHRIMP FARMS, INC.

Principal Place of Business
**4169 LAMSON AVENUE, SUITE 103
SPRING HILL FL 34608**

Mailing Address
**4169 LAMSON AVENUE, SUITE 103
SPRING HILL FL 34608**

2. Principal Place of Business
3123 W Sligh AV
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
TAMPA, FL

City & State

4. FEI Number
010587489

Applied For
Not Applicable

Zip
33614

Country
Hillsborough

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**KLINGENSMITH, THOMAS G
4169 LAMSON AVENUE, SUITE 103
SPRING HILL FL 34608**

7. Name and Address of New Registered Agent

Name **ANSELMO B RODRIGUEZ**
Street Address (P.O. Box Number is Not Acceptable)
3123 W. SLIGH AV
City **TAMPA, FL** Zip **33614**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Anselmo B Rodriguez**

(NOTE: Registered Agent signature required when reinstating)

DATE **3/31/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D V.P.	<input type="checkbox"/> Delete
NAME KLINGENSMITH, THOMAS G	
STREET ADDRESS 4169 LAMSON AVENUE, SUITE 103	
CITY-ST-ZIP SPRING HILL FL 34608	
TITLE Pres	<input type="checkbox"/> Delete
NAME ANSELMO B RODRIGUEZ	
STREET ADDRESS 3123 W SLIGH AV	
CITY-ST-ZIP TAMPA, FL 33614	
TITLE Sec TREAS	<input type="checkbox"/> Delete
NAME LINDA J RODRIGUEZ	
STREET ADDRESS 3123 W SLIGH AV	
CITY-ST-ZIP TAMPA, FL 33614	
TITLE	<input type="checkbox"/> Delete
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: **Anselmo B Rodriguez**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/31/03** 883-9186386
Daytime Phone #

CR2E034 (10/02)