

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

**FILED**  
**Jun 16, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91337 030 \*\*\*150.00

DOCUMENT # P94000061847

1. Entity Name

The Seafood Gourmet Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

The Seafood Gourmet Inc

Suite, Apt. #, etc.

5043 San Jose Blvd

City & State

Jacksonville, FL

Zip

32207

Country

USA

3. Mailing Address

same

Suite, Apt. #, etc.

City & State

4. FEI Number

59-3266918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

DIDIER BUSNOT

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

5043 SAN JOSE BLVD

City

Jacksonville

FL

Zip Code

32207

**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.

DIDIER BUSNOT / PREZ

6/11/02

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  
President, Director, CEO, Secretary  
Didier Busnot  
5043 San Jose Blvd  
Jacksonville, FL 32207

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)(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 on an attachment with an address, with all power like empowered.

SIGNATURE:

Signature, typed or printed name of signing officer or director

6/30/02

Date

Daytime Phone #

CR2E034B (12/01)