## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P96000078690 DOCUMENT #

1. Entity Name

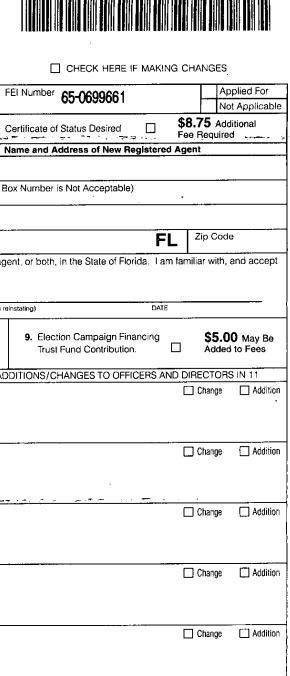
CORTEZ BAIT & SEAFOOD, INC.



Mailing Address Principal Place of Business 4258 119TH ST. WEST PO BOX 579 CORTEZ FL 34215 CORTEZ FL 34215 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FÉI Number 65-0699661 Not Applicable Zip Country Zip 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 WEIFFENBACH & THOMAS, P.A. Street Address (P.O. Box Number is Not Acceptable) 538 12TH ST W **BRADENTON FL 34205** Zip Code City 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 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. ☐ Addition Change ☐ Delete TITLE BANYAS, JOHN T NAME NAME 4436 124TH ST W. STREET ADDRESS STREET ADDRESS CORTEZ FL 34215 CITY-ST-ZIP CITY-ST-ZIP TITLE **VPS** ☐ Delete TITLE Change Addition NAME MCVEY, KIMBERLY J NAME 4436 124TH ST. WEST STREET ADDRESS STREET ADDRESS CORTEZ FL 34215 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME

## FILED Apr 28, 2003 8:00 am Secretary of State





thereby certify that the information supplied with this filling 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP