

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90114 048 ***150.00

DOCUMENT # S20004

1. Entry Name
ISLAND SEAFOOD MARKET, INC.



Principal Place of Business
635 F. GATOR DRIVE
LANTANA, FL 33462

Mailing Address
635 F. GATOR DRIVE
LANTANA, FL 33462



XX CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
7667 W. Sample Road
Suite, Apt. #, etc.
#154
City & State
Coral Springs, FL
Zip
33065

Country
Broward

3. Mailing Address
7667 W. Sample Road
Suite, Apt. #, etc.
#154
City & State
Coral Springs, FL
Zip
33065

Country
Broward

4. FEI Number
80-0007370

Applied For
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
PILLING, CYNTHIA
635 F. GATOR DRIVE
LANTANA, FL 33462

7. Name and Address of New Registered Agent
Name
Frederick Solomon
Street Address (P.O. Box Number is Not Acceptable)
6474 NW 43 Court,
City
Coral Springs FL Zip Code
33067

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 *Frederick Solomon* (NOTE: Registered Agent signature required when returning) DATE **2/26/03**

FILE NOW! FEE IS \$180.00
After May 1, 2003 Fee will be \$580.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input checked="" type="checkbox"/> Delete	P PILLINGS, DEAN 1126 S.W. 21 STREET BOCA RATON, FL 33486	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Delete	V PILLINGS, CYNTHIA 1126 S.W. 21 STREET BOCA RATON, FL 33486	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D/P Frederick Solomon 6474 NW 43 Court Coral Springs, FL 33067
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	D/VP Daren Solomon 6474 NW 43 Court Coral Springs, FL 33067
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	D/T/S Joan Solomon 6474 NW 43 Court Coral Springs, FL 33067
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 empowered.

SIGNATURE: *Frederick Solomon* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: **2/26/03** DAYTIME PHONE #

CR2E034 (10/02)