## 2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # 349866 May 12, 2000 8:00 am 1. Entity Name Secretary of State PLANTATION FISHERIES INC. 05-12-2000 90076 025 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 374 US ONE AND TAVERNIER CREEK TAVERNIER FL 33070 TAVERNIER FLA 33070-0374 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FFi Number 59-1267341 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JONES MARK 183 BOUGANVILLEA ST **TAVERNIER FL 33070** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. 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 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition TITLE ☐ Delete TITI F NAME JONES, DONALD STREET ADDRESS STREET ADDRESS 155 IROQUOIS CITY-ST-ZIP CITY-ST-ZIP TAVERNIER, FL 00000 TITLE Change ☐ Addition Delete TITLE NAME NAME JONES, DONALD STREET ADDRESS STREET ADDRESS 155 IROQUOIS CITY-ST-7IP CITY-ST-ZIP TAVERNIER, FL 00000 Change ☐ Addition ☐ Delete TITLE . TITLE NAME NAME JONES, PAUL STREET ADDRESS STREET ADDRESS 131 BESSIE RD CITY-ST-7IP CITY-ST-ZIP TAVERNIER, FL 00000 Change ☐ Addition ☐ Delete TITLE NAME JONES, MARK STREET ADDRESS STREET ADDRESS 183 BOUGANVILLEA ST CITY-ST-ZIP CITY-ST-ZIP **TAVERNIER, FL 00000** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME JONES, CLARK NAME STREET ADDRESS STREET ADDRESS 191 GARDINIA CITY-ST-ZIP CITY-ST-ZIP TAVERNIER, FL 00000

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

TITLE

NAME STREET ADDRESS Change

☐ Addition

SIGNATURE: SIGNATURE AND SPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date Dayling Phone &