## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 06, 2000 8:00 am **DOCUMENT # 357310** 1. Entity Name Secretary of State SEA FRESH FROZEN PRODUCTS, INC. 03-06-2000 90120 026 \*\*\*150.00 Mailing Address Principal Place of Business 2570 NEWFOUND HARBOR DR. CLEN CHEEK DR. MERRITT ISLAND FL 32952-2869 .... CANAVERAL FL 32920 J 1 1 1 1 1 1 2. Principal Place of Business 2570 NEWFOUND HANSON ON 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1293354 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FISCHER, R L Street Address (P.O. Box Number is Not Acceptable) 2570 NEWFOUND HARBOR DR MERRITT ISLAND FL 32952 Zip Code 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. DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. VSTD ☐ Delete TITLE TITLE FISCHER, LINDA NAME 2570 NEWFOUND HARBOR DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL Change Addition TITLE ☐ Delete TITLE FISCHER, R L NAME NAME STREET ADDRESS 2570 NEWFOUND HARBOR DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MERRITT ISLAND FL Change ☐ Addition ☐ Delete TITLE POTTER, JEAN M NAME STREET ADDRESS 230 CAROLE CT. STREET ADDRESS SATELLITE BEACH FL CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE

CITY-ST-7/P

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

TITLE

NAME

TITLE

NAME

LINDA D. FISCHER, V.S.T

Delete

Delete

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-00

(321-)459-5380

Change

Change

Addition

☐ Addition