2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 17, 2000 8:00 am **DOCUMENT # 409534** 1. Entity Name Secretary of State DICK'S SEAFOOD, INC. 03-17-2000 90021 014 ***150.00 Principal Place of Business Mailing Address 440 137TH AVENUE CIRCLE 440 137TH AVENUE CIRCLE MADEIRA BEACH FL 33708-2512 MADEIRA BEACH FL 33708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 59-1418521 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ENGLANDER, LEONARD S Street Address (P.O. Box Number is Not Acceptable) **721 1ST AVE NO** ST. PETERSBURG FL 33701 City Zin Code 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITLE Addition ☐ Delete NAHON, JAMI L NAME NAME STREET ADDRESS STREET ADDRESS 11385 - 9 ST. E CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND FL ☐ Addition SD ☐ Change TITLE ☐ Delete TITLE TAPPAN, CARLEEN R NAME NAME STREET ADDRESS STREET ADDRESS 11185 9TH ST. E. CITY-ST-ZIP CITY-ST-ZIP TREASURE ISLAND FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME TAPPAN, RICHARD A NAME STREET ADDRESS STREET ADDRESS 11185 9TH STR E CITY-\$1-ZIP CITY-ST-ZIP TREASURE ISLD FL K Change TITLE ☐ Delete TITLE ☐ Addition NAHON, MARK Nahon, Mark NAME NAME 6837 - 37th Avenue North STREET ADDRESS STREET ADDRESS 11385-9TH ST E CITY-ST-ZIP St. Petersburg, FL CITY-ST-ZIP TREASURE ISLAND FL ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP

13. I hereby 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

3/14/00