

2001 UNIFORM BUSINESS REPORT (UBR)

0134236 AT

DOCUMENT # 469015

1. Entity Name
FLORIDA SEA FOOD SHOPPES, INC.

FILED

01 DEC 27 PM 5:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

103 BRADLEY DR
NICHOLASVILLE KY 40356
US

Mailing Address

P O BOX 23294
LEXINGTON KY 40523-3294
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. FEI Number 62-9939659

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNSAKER, VERNON S.
505 68TH ST.
HOLMES BEACH FL 33510

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME HUNSAKER, VERNON S
STREET ADDRESS 505 68TH ST
CITY-ST-ZIP HOLMES BCH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST
NAME HUNSAKER, JEAN K.
STREET ADDRESS 505 68TH STREET
CITY-ST-ZIP HOLMES BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME HUNSAKER, JAMES S.
STREET ADDRESS 103 BRADLEY DR.
CITY-ST-ZIP NICHOLASVILLE KY 40356

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME HUNSAKER, STEPHEN S.
STREET ADDRESS 103 BRADLEY DR.
CITY-ST-ZIP NICHOLASVILLE KY 40356

TITLE
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CITY-ST-ZIP

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)