

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 503551

1. Entity Name  
MAT ROLAND SEAFOOD COMPANY, INC.

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90157 013 \*\*\*150.00

Principal Place of Business  
4510 OCEAN ST  
ATLANTIC BEACH FL 32233  
US

Mailing Address  
PO BOX 37  
MAYPORT FL 32067  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1661605

Applied For

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

ROLAND, MATHIAS C.  
220 12TH ST  
ATLANTIC BEACH FL 32233

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	P	<input type="checkbox"/> Delete
NAME	ROLAND, VINCENT M	
STREET ADDRESS	888 SEMINOLE RD.	
CITY-ST-ZIP	ATLANTIC BCH FL	
TITLE	COB	<input type="checkbox"/> Delete
NAME	ROLAND, MATHIAS C	
STREET ADDRESS	220-12TH ST.	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROLAND, ROSE B	
STREET ADDRESS	220-12TH ST.	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROLAND, BRAD M	
STREET ADDRESS	230 PINE STREET	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-22-02

904-246-9443

CR2E034 (9/01)