

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**  
05-13-2002 90168 030 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 515970  
1. Entity Name  
**Cleveland Seafoods, Inc.**

33987

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**3747 S Cleveland Ave**  
Suite, Apt. #, etc.

3. Mailing Address  
**3747 S Cleveland Ave**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**Fort Myers, FL**

4. FEI Number  
**59-1695972**

Applied For  
☐ Not Applicable

Zip  
**33901**

Country  
**Lee**

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CHARLES S. COTTRELL**

Street Address (P.O. Box Number is Not Acceptable)  
**Suite 204 Cape Coral Bank Building**  
**16631 SHADYBROOK**

City **CAPE CORAL** **FL** Zip Code **33917**

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 **Charles S. Cottrell**  
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)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Cottrell, Charles W. 2025 Shadybrook Lane Lexington, KY</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Arnold, James P. 771 Lakeshore Drive Lexington, KY</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Arnold, Carita W. 771 Lakeshore Drive Lexington, KY</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Charles S. Cottrell** **CHARLES COTTRELL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/19/02** Daytime Phone # **941.936.6336**

CR2E034B (12/01)