

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 573098

1. Entity Name

GULF FRESH SEAFOOD, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90345 002 ***150.00

Principal Place of Business

5101 8TH AVE. SOUTH
GULF PORT FL 33707

Mailing Address

5101 8TH AVE. SOUTH
GULF PORT FL 33707

2. Principal Place of Business

4921 9TH AVE SOUTH

3. Mailing Address

4921 9TH AVE SOUTH

Suite, Apt. #, etc.

Gulfport, FL

Suite, Apt. #, etc.

Gulfport, FL

City & State

City & State

Zip

33707

Country

FLORIDA

Zip

33707

Country

FLORIDA

6. Name and Address of Current Registered Agent

MERKLE, JOHN W III
8094 CAUSEWAY BLVD. SOUTH
ST PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name

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

4921 9TH AVE SOUTH

City

Gulfport

FL

Zip Code

33707

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

John W. Merkle III

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/6/01

DATE

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

X

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
MERKLE, JOHN W III
1780 LIGHTHOUSE TERRACE #12
S PASADENA FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SDT
MERKLE, CAROL A
1730 LIGHTHOUSE TERRACE
S PASADENA FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

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CITY - ST - ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ Change ☐ Addition

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:

John W. Merkle III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/17/01 (727)-321-5005

Daytime Phone #

CR2E034 (10/00)