

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90078 039 ***150.00

DOCUMENT # 650787

1. Entity Name

CLEARWATER BEACH SEAFOODS, INC.

Principal Place of Business

Mailing Address

**37 CAUSEWAY BLVD.
 CLEARWATER, FL 33767**

**475 CENTRAL AVENUE
 SUITE M-8
 ST. PETERSBURG, FL 33701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**475 CENTRAL AVENUE
 SUITE M-8**

City & State

City & State

ST. PETERSBURG, FLORIDA

4. FEI Number

59-1975658

Applied For

Not Applicable

Zip

Country

33701

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

A0035512

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ERNEST L. MASCARA
 475 CENTRAL AVENUE
 SUITE M-8
 ST. PETERSBURG, FL 33701**

ERNEST L. MASCARA

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

**475 CENTRAL AVENUE
 SUITE M-8**

ST. PETERSBURG,

FL

33701

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]

3-14-2001

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODWIN, WILLIAM F. 240 WINDWARD PSGE. #202 CLEARWATER, FL 33767 US	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODWIN, JOAN 240 WINDWARD PSGE. #202 CLEARWATER, FL 33767 US	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LODER, MATTHEW 37 CAUSEWAY BLVD. CLEARWATER, FL 33767 US	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POWERS, GREGORY 37 CAUSEWAY BLVD. CLEARWATER, FL 33767 US	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

[Signature]

GREGORY POWERS, V.P. 3-14-01 727-432-7430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)