2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 01, 2000 8:00 am **DOCUMENT # 659309 Secretary of State** SEACOAST SPECIALTIES, INC. 03-01-2000 90008 018 ***150.00 Mailing Address Principal Place of Business 1754 COSTA DEL SOL 1754 COST DEL SOL BOCA RATON FL 33432-1747 **BOCA RATON FL 33432** POPOMONA 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1978212 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MURRAY, RICHARD T. Street Address (P.O. Box Number is Not Acceptable) 575 N.W. 13TH AVENUE **BOCA RATON FL 33486** Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete MURRAY, RICHARD L. NAME NAME STREET ADDRESS 575 N.W. 13TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition Change ☐ Delete TITLE MURRAY, RICHARD T. NAME NAME STREET ADDRESS STREET ADDRESS 575 N.W. 13TH AVENUE CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIF **Addition** ☐ Change ☐ Delete TITLE TITLE JAYCMURRAY 575 N.W. 13TH AUE NAME NAME STREET ADDRESS STREET ADDRESS BOCA RATON FL 33486 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-73-00 56/395-1881

Daytime

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