AS AMENDED

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT -7 AM 10: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/11/02--01003--021
*****61.25 *****61.25

DOCUMENT # 659309

1. Entity Name

SEACOAST SPECIALTIES, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1701 AVENIDA DEL SOL		1701 AVENIDA DEL SOL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: BOCA RATON FL		City & State: BOCA RATON FL	
Zip: 33432	Country: USA	Zip: 33432	Country: USA

4. FEI Number: 591978212 — Applied For / Not Applicable

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: MURRAY, RICHARD T

Street Address (P.O. Box Number is Not Acceptable): 575 N.W. 13TH AVENUE

City: BOCA RATON **FL** Zip Code: 33486

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) ☐

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
T	MURRAY, RICHARD L	575 N.W. 13TH AVENUE	BOCA RATON FL 33486
P	MURRAY, RICHARD T.	575 N.W. 13TH AVENUE	BOCA RATON FL 33486
VP	MURRAY, JAY C	575 N.W. 13TH AVENUE	BOCA RATON FL 33486
S	DENNIS ROBICHAUD	21391 TOWN LAKES DR, # 1 210	BOCA RATON FL 33486

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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: Richard T Murray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

ok 10/8/02