2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 666851 May 08, 2000 8:00 am 1. Entity Name **Secretary of State** CARIBBEAN SEAFOODS, INC. 05-08-2000 90026 017 ***150.00 Principal Place of Business Mailing Address 7425 BAY ISLAND DR 7425 RAY ISLAND OR S PASADENA FL 33707-4513 S PASADENA FL 33707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2003986 Not Applicable Zip Zip 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 RANDALL, RUTH I Street Address (P.O. Box Number is Not Acceptable) 7425 BAY ISLAND DR S PASADENA FL 33707 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE RANDALL, GARY W NAME NAME STREET ADDRESS STREET ADDRESS P O BOX 13318 N/A CITY-ST-ZIP CITY-ST-ZIP **MEXICO BEACH FL** ☐ Change ☐ Addition ☐ Defete TITLE TITLE RANDALL, RUTH I NAME NAME STREET ADDRESS STREET ADDRESS 7425 BAY ISLAND DR CITY-ST-ZIP CITY-ST-ZIP S PASADENA FL Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ORDIRECTOR

1/25/00 727 313 31/00 Date/ Daytrie Phone 9