FILED

ITTENHOUSE

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATA

Jan 15, 2002 8:00 am Secretary of State 681697 DOCUMENT # 1. Entity Name 01-15-2002 90063 020 ***150 00 R. AND R. SEAFOODS, INC. Principal Place of Business Mailing Address 2625-22ND STREET CAUSEWAY BLVD 2625-22ND STREET CAUSEWAY BLVD PO BOX 5596 (ZIP 33675) PO BOX 5596 (ZIP 33675) **TAMPA FL 33619 TAMPA FL 33619** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2024001 Not Applicable Zip Country 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 RITTENHOUSE, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2625 S 22ND ST CAUSEWAY BLVD **TAMPA FL 33619** 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, 2002 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 OFFICERS AND DIRECTORS 11. ' TLE Delete Addition TITLE NAM. PHILLIPS, GEORGE W. NAME STREE: ADDRESS 8001 NO. DALE MABRY STREET ADDRESS CITY-ST-.71P CITY-ST-ZIP TAMPA FL TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME RITTENHOUSE, RICHARD STREET ADD STREET ADDRESS RESS 21263 MOORE RD CITY-ST-7I **BROOKSVILLE FL** CITY-ST-ZIP - ☐ Addition Change ☐ Delete NAME DONINI, ERNEST STREET ADDR STREET ADDRESS **808 HILLSIDE TERRACE** CITY-ST-ZIP **BRANDON FL** CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME STREET ADDRES STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ertify 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 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 oration 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 or on an attachment with an address, with all other like empowered. 13. Thereby of indicated d ICHARD

Mouse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR