2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 838045 1. Entity Name MAYSVILLE SEA FOODS, INC. Principal Place of Business Mailing Address 11385 MONTGOMERY RD 11385 MONTGOMERY ROAD STE 210 TF 210 INC INDICE OH 45249 **CINCINNATI OH 45249-2381** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Country Zip 6. Name and Address of Current Registered Agent

SANDERS, DESHA N JR

9. This corporation is eligible to satisfy its Intangible

SANDERS, DESHA JR

180 CHANNEL DRIVE

PD . _ _____

SANDERS, WALLACE

CINCINNATI OH 45249

SMITH, MARY E

1809 DALNA DR.

SIMMONS, GAYLE S

6840 SABLE RIDGE LANE

CINCINNATI OH 45249

CINCINNATI OH 45249

11385 MONTGOMERY RD, STE 210

11385 MONTGOMERY RD, STE 210

changed, or on an attachment with an address, with all other like empowered.

LEXINGTON KY

NAPLES FL

HENSLEY, TOM

YOUNG, DAVID R

11385 MONTGOMERY RD.STE 210

NAPLES FL

SD

Tax filing requirement and elects to do so.

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

180 CHANNEL DRIVE NAPLES FL 33963-9142

SIGNATURE

11.

TITLE

NAME

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CiTY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

(See criteria on back)

Name

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

☐ Defete

☐ Delete

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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

CITY-ST-ZIP

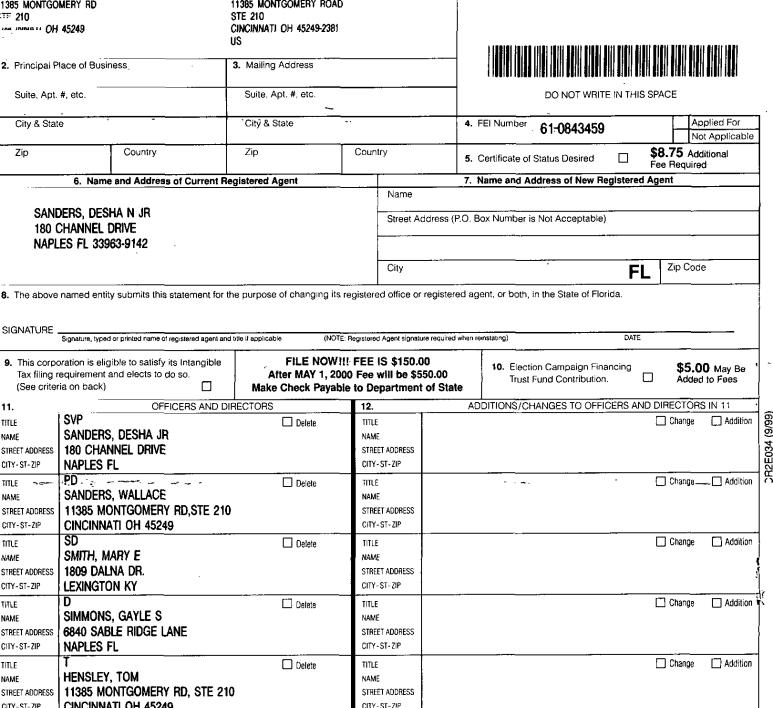
CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

May 16, 2000 8:00 am Secretary of State

05-16-2000 90792 025 ***150.00



☐ Change

☐ Addition