

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838045

1. Entity Name

MAYSVILLE SEA FOODS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90792 025 ***150.00

Principal Place of Business	Mailing Address
11385 MONTGOMERY RD STE 210 CINCINNATI OH 45249	11385 MONTGOMERY ROAD STE 210 CINCINNATI OH 45249-2381 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	61-0843459	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANDERS, DESHA N JR 180 CHANNEL DRIVE NAPLES FL 33963-9142	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	SVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, DESHA JR	NAME	
STREET ADDRESS	180 CHANNEL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, WALLACE	NAME	
STREET ADDRESS	11385 MONTGOMERY RD, STE 210	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45249	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MARY E	NAME	
STREET ADDRESS	1809 DALNA DR.	STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, GAYLE S	NAME	
STREET ADDRESS	6840 SABLE RIDGE LANE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENSLEY, TOM	NAME	
STREET ADDRESS	11385 MONTGOMERY RD, STE 210	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45249	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, DAVID R	NAME	
STREET ADDRESS	11385 MONTGOMERY RD, STE 210	STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45249	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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: 4/24/00 Daytime Phone # _____

CR2E034 (9/99)