**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 14, 2002 8:00 am Secretary of State DOCUMENT # F74927 1. Entity Name 02-14-2002 90009 029 \*\*\*150.00 INDIAN PASS SEAFOOD COMPANY, INCORPORATED Principal Place of Business Mailing Address 8391 C-30A 8391 C-30A PORT ST. JOE FL 32456 PORT ST. JOE FL 32456 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2186288 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. 'Name and Address of New Registered Agent Name MCNEILL, JAMES T Street Address (P.O. Box Number is Not Acceptable) 1031 INDIAN PASS ROAD PORT ST. JOE FL 32456 City Zin 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, 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME MCNEILL, JAMES T STREET ADDRESS STREET ADDRESS 1031 INDIAN PASS ROAD CITY-ST-ZIP CITY-ST-ZIP PORT ST. JOE FL 32456 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME MCNEILL BETTY L STREET ADDRESS STREET ADDRESS 1031 INDIAN PASS ROAD CITY-ST-ZIP CITY-ST-ZIP PORT ST. JOE FL 32456 Delete TITLE TITLE ☐ Change Addition DŸ NAME NAME MCNEILL, JAMES T III STREET ADDRESS STREET ADDRESS 190 NORTH HIGGINS ST CITY-ST-ZIP CITY-ST-ZIP PORT ST JOE FL 32456 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition 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 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: SIGNATURE AND TYPED OR BRIDGED NAME OF SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-62

(850) 227-1670

Daytime Phone