2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

Mar 25, 2002 8:00 am DOCUMENT # Secretary of State G12436 1. Entity Name 03-25-2002 90014 026 ***150.00 DYER SHELLFISH INCORPORATED Principal Place of Business Mailing Address 5905 US 1 P.O. BOX 56 GRANT FL'32949 GRANT FL 32949 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 59-2256679 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 DYER, ALFRED C JR **457 TURTLE CIR** SATELLITE BCH, FL 32937 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition NAME DYER, NANCY M. 475 HARWOOD AVE. STREET ADDRESS STREET ADDRESS 457 TURTLE CIR. SATELLITE BCH, FLA 32937 CITY-ST-ZIP CITY-ST-ZIP SATELLITE BCH FL TITLE TITLE ☐ Detete PD 475 HARWOOD AVE SATELLITE BCH, FLA 32937 475 HARWOOD AVE NAME NAME DYER, ALFRED C JR STREET ADDRESS STREET ADDRESS 457 TURTLE CIRCLE CITY-ST-ZIP CITY-ST-ZIP SATELLITE BCH. FL ☐ Delete TITLE NAME DYER, ALFRED C JR NAME SATELLITE BUH., FLA 32937 STREET ADDRESS STREET ADDRESS **457 TURTLE CIRCLE** CITY-ST-ZIP CITY-ST-ZIP SATELLITE BCH. FL TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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

FILED