

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90019 044 ***150.00

DOCUMENT # *G12436*

1. Entity Name

DYER SHELLFISH INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5905 U.S. 1

3. Mailing Address

P.O. Box 56

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GRANT, FLA

City & State

GRANT, FLA.

4. FEI Number

59-2256679

Applied For

Not Applicable

Zip *32949*

Country *BREVARD*

Zip *32949*

Country *32949*

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ALFRED C. DYER

Street Address (P.O. Box Number is Not Acceptable)

222 WATERSIDE DR.

INDIAN HARBOUR BCH.

City

FL

FL

Zip Code

32937

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*PRESIDENT
ALFRED C. DYER
222 WATERSIDE DR
INDIAN HARBOUR BCH, FLA*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*VICE-PRESIDENT
ALFRED C. DYER
222 WATERSIDE DR
INDIAN HARBOUR BCH, FLA*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*SECRETARY/TREASURER
NANCY M. DYER
222 WATERSIDE DR
INDIAN HARBOUR BCH
FLA
32937*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*INDIAN HARBOUR BCH
FLA
32937*

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Alfred C. Dyer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/04
Date

321-723-2633
Daytime Phone #

CR2E034B (12/02)