## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # G95842** 1. Entity Name STRAUB'S FINE SEAFOOD, INC. 01-25-2000 90083 037 \*\*\*150.00 Principal Place of Business Mailing Address % ROBERT A. STRAUB % ROBERT A. STRAUB 6480 43314 512 E. ALTAMONTE DRIVE 512 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701-4704 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2388248 Not Applied the Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STRAUB, ROBERT A. Street Address (P.O. Box Number is Not Acceptable) 512 E. ALTAMONTE DR. **ALTAMONTE SPRINGS FL 32701** 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) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change TITLE ☐ Delete TITLE STRAUB, ROBERT J. NAME NAME STREET ADDRESS STREET ADDRESS 3792 N.E. OCEAN BLVD. CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL □ \*::"". ☐ Delete TITLE ☐ Change TITLE NAME STRAUB, GLORIA ANN NAME STREET ADDRESS STREET ADDRESS 3792 N.E. OCEAN BLVD. CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL A 3 3'4' - -☐ Change TITLE ☐ Delete STRAUB, ROBERT A. NAME NAME STREET ADDRESS STREET ADDRESS 2250 CLASSIC COURT CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 医性缺乏效 CITY-ST-ZIP CITY-ST-ZIP our cut <u>in the mass a</u>t is Change **司政制造、社会的**《中本 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 正學法學之 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ODDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not yially for the examption 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 ituated and because the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or ituated and because the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or ituated and because the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or ituated and same and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or ituated and same and the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or ituated and same an

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15/00

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