

# 20C1 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G96586

1. Entity Name  
ALL AMERICAN GULF FISH CO., INC.

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90043 009 \*\*\*150.00

Principal Place of Business  
624 ANCHORS STREET  
FT. WALTON BEACH FL 32548

Mailing Address  
624 ANCHORS STREET  
FT. WALTON BEACH FL 32548

B0050116



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 58-1850309		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PETERS, WILLIAM 624 ANCHORS ST. FT. WALTON BEACH FL 32548				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VTD RUDES, MARK		NAME		
STREET ADDRESS	30 MAIDEN LANE		STREET ADDRESS		
CITY-ST-ZIP	JERICHO NY		CITY-ST-ZIP		
TITLE	D RUDES, LINDA	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	30 M AIDEN LANE		NAME		
STREET ADDRESS	JERICHO NY		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	PD PETERS, WILLIAM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	531 DRIFTWOOD LANE		NAME		
STREET ADDRESS	DESTIN FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	S PETERS, YVONNE	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	531 DRIFTWOOD LANE		NAME		
STREET ADDRESS	DESTIN FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VTD PETERS, MATTHEW ROSS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	531 DRIFTWOOD LANE		NAME		
STREET ADDRESS	DESTIN FL 32541		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Wm. T. Peters 4/25/01 850-243-1440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)