

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H77962

1. Entity Name

BOSTON SEAFOOD DISTRIBUTORS, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90115 033 ***150.00

Principal Place of Business

% RONALD L. STEVENS
7770 WEST NEWBERRY RD
GAINESVILLE FL 32606
US

Mailing Address

7770 WEST NEWBERRY RD
GAINESVILLE FL 32606-6724
US

DUUUU010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2577893**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEVENS, RONALD L.
319 S.W.83RD TERR.
GAINESVILLE FL 32607

Name **STEVENS, RONALD L.**

Street Address (P.O. Box Number is Not Acceptable)
12327 NW 9TH LANE

City **NEWBERRY** FL Zip Code **32665**

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 **Ronald L. Stevens**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	STEVENS, RONALD L.	
STREET ADDRESS	12327 N.W. 9TH LANE	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE	S	<input type="checkbox"/> Delete
NAME	STEVENS, MARION L.	
STREET ADDRESS	12327 N.W. 9TH LANE	
CITY-ST-ZIP	NEWBERRY FL 32669	
TITLE		<input type="checkbox"/> Delete
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NAME	
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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 REQUIRED** **Ronald L. Stevens**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/00
Date

352-332-0411
Daytime Phone #