

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 07, 2000 8:00 am**
Secretary of State

09-07-2000 90037 045 ***550.00

DOCUMENT # J23706

1. Entity Name

ISLAND SEAFOOD COMPANY

Principal Place of Business

**136 EASTPORT RD
PO BOX 18247
JACKSONVILLE FL 32229-7247**

Mailing Address

**136 EASTPORT RD
PO BOX 18247
JACKSONVILLE FL 32229-7247**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1368319

Applied For

Not Applicable

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

**HALL, Y.E. JR.
136 EASTPORT RD
P.O. BOX 18247
JACKSONVILLE FL 32229-7247**

Name

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

City

FL

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

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

(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) ☐**FILE NOW!!! FEE IS \$550.00**
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State10. 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	D	<input type="checkbox"/> Delete
NAME	HALL, Y.E., JR.	
STREET ADDRESS	136 EASTPORT ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SWINSON, GRETCHEN H.	
STREET ADDRESS	136 EASTPORT ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	BRYAN, CHRISTINA H.	
STREET ADDRESS	101 N. FRONT STREET	
CITY-ST-ZIP	FERNANDINA BEACH, FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BRYAN, WILLIAM E JR	
STREET ADDRESS	136 EASTPORT ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, DONNA M	
STREET ADDRESS	136 EASTPORT ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Direct and President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Y.E. Hall, Jr.	
STREET ADDRESS	136 Eastport Rd.	
CITY-ST-ZIP	Jacksonville, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William E. Bryan, Jr.	
STREET ADDRESS	136 Eastport Rd.	
CITY-ST-ZIP	Jacksonville, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)