## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 23, 2000 8:00 am Secretary of State **DOCUMENT # J74166** 1. Entity Name KAJO FISHERIES, INC. 05-23-2000 90269 030 \*\*\*150.00 Principal Place of Business Mailing Address % JOSEPH SALADINO, JR. % JOSEPH SALADINO, JR. P.O. BOX 102 P.O. BOX 102 ODWIDS MARATHON FL 33050-0102 MARATHON FL 33050 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2820724 Not Applicable Zip Country Zip 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 SALADINO, JOSEPH, JR. Street Address (P.O. Box Number is Not Acceptable) 8038 TUNA DR. MARATHON FL 33050-0102 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition CR2E034 (9/99 ☐ Delete TITLE TITLE SALADINO, RAYMOND L. NAME NAME 8038 TUNA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARATHON FL ☐ Change ■ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE 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.

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SALAGINO