

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J77707

1. Entity Name  
HALF-SHELL SEAFOOD, INC.

**FILED**  
**Apr 16, 2001 8:00 am**  
**Secretary of State**

04-16-2001 90035 046 \*\*\*150.00

0564514

Principal Place of Business 2470-52 ROBERTS RD. MELBOURNE FL 32940 US	Mailing Address HALF SHELL SFD, INC. P.O. BOX 693 PT. SALERNO FL 34992 US
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00036755



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business SAME	3. Mailing Address SAME
Suite, Apt. #, etc. SAME	Suite, Apt. #, etc. SAME
City & State SAME	City & State SAME
Zip SAME	Country SAME

4. FEI Number 59-2804401	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CAMPBELL, ROGER 4889 SE DIXIE HIGHWAY PORT SALERNO FL 33492	7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) N/A City N/A FL Zip Code
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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"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, ROGER 2470-52 ROBERTS RD MELBOURNE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: R. J. Campbell OWNER/PRES. 4-901 321-254-2409  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)