

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90247 038 ***150.00

DOCUMENT # J96337

1. Entity Name

INLAND SEA FARMS, INC.

Principal Place of Business

Mailing Address

% CHARLES R. SMITH
 340 FAIRWEATHER LN
 FT. MYERS BEACH FL 33931

PMB 159
 17105 A6 SAN CARLOS BLVD
 FORT MYERS BEACH FL 33931

2. Principal Place of Business

3. Mailing Address

14391-B Harbour Landings Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft Myers, FL

4. FEI Number

31-1218521

Applied For

Not Applicable

Zip

Country

Zip

Country

33908 Lee

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

SMITH, CHARLES R.
 17105 A6 SAN CARLOS BLVD
 PMB 159
 FORT MYERS BEACH FL 33931

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

Charles R. Smith

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

(NOTE: Registered Agent signature required when reinstating)

1/12/00
 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 \$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 **DPS** Delete
 NAME **SMITH, CHARLES R.**
 STREET ADDRESS **17105 A6 SAN CARLOS BLVD, PMB 159**
 CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVT** Delete
 NAME **SMITH, MARILYN N.**
 STREET ADDRESS **17105 A6 SAN CARLOS BLVD, PMB 159**
 CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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TITLE Change 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:

Charles R. Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles R. Smith
 DATE

941 415-652
 Daytime Phone #

01-20-2000