

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K26186**

1. Entity Name

MC MANUS SEAFOOD, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 18 PM 1:47

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

301 N. 25TH ST.

3. Mailing Address

1811 S. 30th ST.

Suite, Apt. #, etc.

FT. Pierce, Florida

Suite, Apt. #, etc.

FT. Pierce, FL

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0067730

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip **34947**

Country **St. Lucie**

Zip **34947**

Country **St. Lucie**

7. Name and Address of Current Registered Agent

Name

A.E. MONTGOMERY-HADDOCK

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

3539 APALACHEE PKWY.

SUITE 159

City **TALLAHASSEE**

FL

Zip Code **32311**

**DO NOT WRITE
IN THIS SPACE**

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

A.E. Montgomery-Haddock
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/18/03
DATE

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

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO MARTHA MC MANUS 1811 SOUTH 30th ST. FT. Pierce, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BRANT MC MANUS 1442 COPENHAVER RD. FT. PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MARGARET MC MANUS 275 EUCLID STREET FT. PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. A.E. MONTGOMERY-HADDOCK 3539 APALACHEE PKWY, #159 TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	100021516931 07/14/03--01051--002 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 on an attachment with an address, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A.E. Montgomery-Haddock
Date **6/18/03**

Daytime Phone # **850-402-0090**

CR2E034B (12/01)