

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000003257**

1. Entity Name  
**BOSTON SEAFOOD WHOLESALE LLC**

Principal Place of Business  
**900 SW 62ND BLVD., APT. J-59  
GAINESVILLE FL 32607**

Mailing Address  
**900 SW 62ND BLVD., APT. J-59  
GAINESVILLE FL 32607**

2. Principal Place of Business  
**6805 NW 18TH DR.**  
Suite, Apt. #, etc.

3. Mailing Address  
**6805 NW 18TH DR.**  
Suite, Apt. #, etc.

City & State  
**GAINESVILLE, FL**

City & State  
**GAINESVILLE, FL**

4. FEI Number  
**59-3644426**

Applied For  
 Not Applicable

Zip Country  
**32653 USA**

Zip Country  
**32653 USA**

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**WATSON, WILLIAM B III  
527 EAST UNIVERSITY AVENUE  
GAINESVILLE FL 32601**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 26, 2001**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WATSON, WILLIAM B III 527 EAST UNIVERSITY AVENUE GAINESVILLE FL 32601</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**200004623622-8**  
**-10/04/01-01059-012**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Signature Required* **9/20/01** **352 335 7933**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**FILED**  
**01 OCT -2 PM 12:17**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

CR2E083 (5/01)