

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

Zip Country
32653 USA

Zip Country
32653 USA

4. FEI Number
59-3644426

Applied For
Not Applicable

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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)