

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000005125

1. Entity Name

EVERGLADES FISH COMPANY, L.L.C.

Principal Place of Business

208 CAMELLIA ST.
EVERGLADES CITY FL 34139

Mailing Address

PO BOX 219
LONG BOAT KEY FL 34228

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-1004870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HICKS, LYNDA D
800 BROADWAY STREET
LONGBOAT KEY FL 34228-1059

7. Name and Address of New Registered Agent

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	HICKS, ROBERT J	
STREET ADDRESS	800 BROADWAY	
CITY-ST-ZIP	LONG BOAT KEY FL 34228	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOORE, PAUL	
STREET ADDRESS	800 BROADWAY	
CITY-ST-ZIP	LONG BOAT KEY FL 34228	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOORE, ALAN L	
STREET ADDRESS	800 BROADWAY	
CITY-ST-ZIP	LONG BOAT KEY FL 34228	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HICKS, LYNDA D	
STREET ADDRESS	800 BROADWAY	
CITY-ST-ZIP	LONG BOAT KEY FL 34228	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

Lynda D Hicks
SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/27/02

941-383-1748

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90083 044 ****50.00

913906



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)