

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90114 019 \*\*\*\*50.00

**DOCUMENT # L01000007488**

1. Entity Name  
**PINE BAY SEAFOOD, LLC**

Principal Place of Business <b>2657 EIGHTH AVENUE          ST. JAMES CITY FL 33956</b>	Mailing Address <b>2657 EIGHTH AVENUE          ST. JAMES CITY FL 33956</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4330 PINE ISLAND RO.</b> Suite, Apt. #, etc.	3. Mailing Address <b>PO BOX 176</b> Suite, Apt. #, etc.
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City & State <b>MATLACHA, FL</b>	City & State <b>MATLACHA, FL</b>	4. FEI Number <b>65-1110899</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>FL 33993</b> Country <b>USA</b>	Zip <b>33993</b> Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

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

**BIGLEY, JOSEPH S**  
**2657 EIGHTH AVENUE**  
**ST. JAMES CITY FL 33956**

**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 Joseph S. Bigley DATE 1-7-02  
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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>MANAGING PARTNER</b> <b>JOSEPH S. BIGLEY</b> <b>2657 8TH AVE</b> <b>ST. JAMES CITY, FL 33956</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>PARTNER</b> <b>CRAIG B. RICE</b> <b>PO BOX 176</b> <b>&amp; MATLACHA, FL 33993</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Joseph S. Bigley DATE 1-7-02 Daytime Phone # 941-283-7100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)