

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L07352**

1. Entity Name

**MOTOR VESSEL FISHERMANS PRIDE, INC.****FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90119 042 \*\*\*150.00

Principal Place of Business

**P. O. BOX 309  
HIGHLAND VIEW  
PORT ST JOE FL 32456**

Mailing Address

**P. O. BOX 309  
HIGHLAND VIEW  
PORT ST JOE FL 32456**

2. Principal Place of Business

**1624 GROUPER AVENUE**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 309**

Suite, Apt. #, etc.

City &amp; State

**PORT ST. JOE, FLORIDA**

Zip

**32456**

Country

City &amp; State

**PORT ST. JOE, FLORIDA**

Zip

**32457**

Country

4. FEI Number

**59-3060243**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAFFIELD, DANNY LEE  
CANAL STREET  
HIGHLAND VIEW  
PORT ST JOE FL FL 32456**

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
<b>D RAFFIELD, DANNY LEE CANAL ST HIGHLAND VIEW PORT ST JOE FL</b>			
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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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DANNY LEE RAFFIELD****01/15/01**

Date

**(850) 229-8229**

Daytime Phone #

CR2E034 (10/00)