

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L16019

1. Entity Name

SEAWITCH FISHMARKET, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90076 008 ***150.00

Principal Place of Business

179 SOUTHBAY DR
NAPLES FL 34108
US

Mailing Address

179 SOUTHBAY DR
NAPLES FL 34108-2306
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0171692

Applied For

Not Applicable

Zip

Country

Zip

Country

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

STEWART, JOSEPH D.
740 94TH AVE N.
NAPLES FL 34108

Name Mirtha L. Pereida

Street Address (P.O. Box Number is Not Acceptable)

740-94th Ave. N.

City Naples

FL

Zip Code 34108

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

Mirtha L. Pereida, Sec. Mirtha L. Pereida, Sec.

2/28/00

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, 2000 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	BOYETTE, CATHY	
STREET ADDRESS	4836 N TAMiami TrL	
CITY-ST-ZIP	NAPLES FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BOYETTE, JAMES CURTIS	
STREET ADDRESS	391 SHRDWOOD DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLER, ELIZABETH	
STREET ADDRESS	6574 TRAIL BLVD	
CITY-ST-ZIP	NAPLES FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	PEREIDA, ROBERTO	
STREET ADDRESS	740 94TH AVE N	
CITY-ST-ZIP	NAPLES FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PEREIDA, MIRTHA	
STREET ADDRESS	740 94TH AVE N	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1056 Milano Dr.	
CITY-ST-ZIP	Naples, FL 34103	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sharwood	
STREET ADDRESS		
CITY-ST-ZIP		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Mirtha L. Pereida, Sec. Mirtha L. Pereida, Sec. (941) 566-1514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)