FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Apr 13, 2004 8:00 am Secretary of State 04-13-2004 90034 002 ***150.00

		_		
DOOL WAENIT !!	, ,	72	7 4	· v
DOCUMENT #	1	17	25	1
DOODIVIE IN I #	_			•

SIGNATURE:

FRESH SEAFOOD, INC. SAM's



DO NOT WRITE IN THIS SPACE

				94051649					
2. Principal Place	of Business	3. Mailing Address 5. Sam's Fre	-1 Sacfan	1 Tim	04001	040			
54m's 1 Suite, Apt. #, et	Fresh Seafood In	Suite, Apt. #, etc.,	sh Seafooo	1, 10	DO NOT WRITE IN TH	IS SPACE			
900	900 Broad way 900 Broad way			DO NOT WHITE IN TH	IS SI AGE				
City & State Dun	edin Fl.	City & State Dunedin Fl. 4.			Number 3017372	Applied For Not Applicable			
zi34698	P Country S.	^{Zip} 34698	Country U.S.		rtificate of Status Desired	\$8.75 Additional Fee Required			
	The state of the s	THE SAME		7. Name and Address of Current Registered Agent					
ALE TOUR			Name 5	Name Samuel E. Hart Jr.					
	- DO NOT WI	3/TE		Street Address (P.O. Box Number is Not Acceptable)					
	IN THIS SP	and the second of the second of the second	<u> </u>						
		AUL	30	7 B	hyshore Dr.				
			City 9)-	1000		L Zip Code			
P. The above name	ed entity submits this statement for	the nurnose of changing its	pointered office or regis	tered ager		77000			
	of registered agent.	the purpose of changing its a	egistered onice or regis	stereu ager	t, or both, in the State of Florida. Far	птапшаг with, апо ассерг			
	•								
SIGNATURE	ture, typed or printed name of registered agent an	differ to an electric the CAUCATT.	De libered Agent size al		tating) DAT	-			
	ture, typed or printed name or registered agent ar	o title ii applicable. (NOTE:	Registered Agent signature req	uirea when reins	ta(rig) DAT				
Afts An	r May 1, Fee is \$550.00 nended UBR is \$61.25 rable to Florida Department of :	State			9. Election Campaign Financing Trust Fund Contribution.	□ \$5.00 May Be Added to Fees			
10.	OFFICERS AND D	Sept. Mark Control of the Control of							
TITLE 7	,		TITLE						
-MÂME S	Amuel E. Hart 307 Bayshore Di Ozona, Fl. 340	Jr.	NAME	e e e e e e e e e e e e e e e e e e e					
STREET ADDRESS	307 Bayshore Di	<u>.</u>	STREET ADDRESS						
ÇİTY-ST-ZIP	ozona, Fl. 344	-40	CITY-ST-ZIP	 	, a partir de la company de				
TITLE	$\Gamma + S_{ij} = i $		TITLE						
NAME PERSON AND DECOME	Phyllis Hart		NAME						
STREET ADDRESS CITY-ST-ZIP	301 Bayshore DS	4660	STREET ADDRESS CITY-ST-ZIP						
	UZONA, FI, J.	7660							
TITLE NAME			TITLE NAME	i ef a sign					
STREET ADDRESS			STREET ADDRESS	er gesterner Herselfinger	The state of the s	and the second second			
CITY-ST-ZIP			CITY-ST-ZIP		DO NOT WF	KITE			
TITLE	<u></u>		TITLE	 	MITHIC COA				
NAME			NAME		IN THIS SPA	NCE			
STREET ADDRESS			STREET ADDRESS	- ' , ', 'A.'					
CITY-ST-ZIP			CITY+ST-ZIP	99 <u>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</u>					
TITLE			THE	Te .					
NAME			NAME			¥ 2			
STREET ADDRESS			STREET ADDRESS	n 1 2 20					
CITY-ST-ZIP			CITY-ST-ZIP	,	<i>ڔ؞؞ڹٞڡڟڡؽڡڿ<mark>ڎڛۮ</mark>ڽڎڝڟڡ؋ؖ؞ۻ</i> ۑڔ				
TITLE	,		INLE						
NAME STREET ADDRESS			NAME STREET ADDRESS	5		garante de la companya della companya de la company			
CITY-ST-ZIP			CITY-ST-ZIP	A STATE OF THE STA	The state of the s				
	y that the information supplied with	his filing dose not qualify for	<u> </u>	Section 11	9.07(3)(i) Florida Statutas I furthar	certify that the information			
indicated on the	y that the information supplied with in instruction or the receiver or trustee emport is the an address, with all other like emports.	rue and accurate and that movered to execute this report	y signature shall have t	he same le	gal effect as if made under oath; tha	t I am an officer or director			