

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

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90034 002 ***150.00

DOCUMENT # **L 73258**

1. Entity Name

SAM'S FRESH SEAFOOD, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SAM'S Fresh Seafood Inc.

3. Mailing Address

SAM'S Fresh Seafood Inc.

Suite, Apt. #, etc.

900 Broadway

Suite, Apt. #, etc.

900 Broadway

City & State

Dunedin, FL.

City & State

Dunedin, FL.

Zip

34698

Country

U.S.

Zip

34698

Country

U.S.

94051649

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3017372

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Samuel E. Hart, Jr.

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

307 Bayshore Dr.

City

Dzonia

FL

Zip Code

34660

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Samuel E. Hart, Jr.
STREET ADDRESS	307 Bayshore Dr.
CITY-ST-ZIP	Dzonia, FL 34660
TITLE	T+S
NAME	Phyllis Hart
STREET ADDRESS	307 Bayshore Dr.
CITY-ST-ZIP	Dzonia, FL 34660
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Phyllis Hart Phyllis Hart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-04

Date

727-736-1179

Daytime Phone #

CR2E034B (12/02)