

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L76365

1. Entity Name

A & W AQUACULTURE FARMS, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90086 045 ***150.00

Principal Place of Business

Mailing Address

% LADDIE WILLIAMS
P.O. BOX 423
BLOUNTSTOWN FL 32424-0423

% LADDIE WILLIAMS
P.O. BOX 423
BLOUNTSTOWN FL 32424-9500

2. Principal Place of Business

% Laddie Williams
Suite, Apt. #, etc.
P.O. Box 423

3. Mailing Address

% Laddie Williams
Suite, Apt. #, etc.
P.O. Box 423

City & State

Blountstown, FL

City & State

Blountstown, FL

Zip

32424

Country

USA

Zip

32424

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, LADDIE
819 5TH ST
BLOUNTSTOWN FL 32424

7. Name and Address of New Registered Agent

Name: [Signature]
Street Address (P.O. Box Number is Not Acceptable)
City, State, Zip Code
FL

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, 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	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, LADDIE	
STREET ADDRESS	819 5TH ST	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALFORD, JOSEPH G.	
STREET ADDRESS	ROY GOLDEN RD	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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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:

Joseph G. Alford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-2000

Date

1-850-674-4559
1-850-674-8169

Daytime Phone #