

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # L86411**1. Entity Name
SEAFARER FISHING PRODUCTS, INC.**Principal Place of Business**

4350 US HWY 1

VERO BEACH

32963

FL

US

Mailing Address

4350 US HWY 1

VERO BEACH

32963

FL

US

2. Principal Place of Business

4358 US HWY 1

3. Mailing Address

4380 US HWY 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

VERO BEACH

FL

City & State

VERO BEACH

FL

Zip

32967

Country

US

Zip

32967

Country

US

4. FEI Number**65-0207147**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

JOHNSTON ALBERT SIII

4350 US HWY 1

VERO BEACH

32963

FL

7. Name and Address of New Registered Agent**Name**

JOHNSTON ALBERT SIII

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

4380 US HWY 1

City

VERO BEACH

FL

Zip Code
32967

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)

04/28/2001

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**

TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSTON ALBERT SIII	
STREET ADDRESS	4350 US HWY 1	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNSTON, ALBERT S IV	
STREET ADDRESS	6645 110TH PLACE	
CITY-ST-ZIP	SEBASTIN FL 32958	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON ALBERT SIII	
STREET ADDRESS	4380 US HWY 1	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, ALBERT S III	
STREET ADDRESS	4380 US HWY 1	
CITY-ST-ZIP	VERO BEACH FL 32967	
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		
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: A S JOHNSTON III

PD

04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)