

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90001 022 ***150.00

DOCUMENT # M93689

1. Entity Name

SEAFOOD KITCHENS, INC.

Principal Place of Business

Mailing Address

C/O RICHARD M. GRAY
1649 ATLANTIC BLVD
JACKSONVILLE FL 32207

C/O RICHARD M. GRAY
1649 ATLANTIC BLVD
JACKSONVILLE FL 32207-3359

1829 Selva Grande Dr

2. Principal Place of Business

3. Mailing Address

1829 Selva Grande Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Atlantic Bch FL

4. FEI Number 59-2903587

Applied For

Not Applicable

Zip

Country

Zip

Country

32233 USA

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

GRAY, RICHARD M.

1649 ATLANTIC BLVD

JACKSONVILLE FL 32207

Same Name
New Address

Name GRAY, RICHARD M.

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

1829 Selva Grande Drive

Atlantic Beach

FL

Zip Code

32233

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, RICHARD M.	
STREET ADDRESS	1649 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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		
TITLE		<input type="checkbox"/> Delete
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RICHARD M. GRAY 1/18/00 904/241-0452

CR2E034 (9/99)