

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-13-2003 90065 035 ***61.25

DOCUMENT # N02000007852

1. Entity Name

SOUTHERN SHRIMP ALLIANCE, INC.



Principal Place of Business

Mailing Address

**6631 RIDGE TOP DRIVE
NEW PORT RICHEY FL 34655**

**6631 RIDGE TOP DRIVE
NEW PORT RICHEY FL 34655**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1857764

Applied For

Not Applicable

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

WILLIAMS, JOHN

6631 RIDGE TOP DRIVE

NEW PORT RICHEY FL 34655

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARISICH, GEORGE 1919 EAST JUDGE PEREZ DRIVE CHALMETTE LA 70043	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, ERNEST 13849 SHELL BELT ROAD BAYOU LA BATRE AL 36509	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, RICHARD ROUTE 3, BOX 789 DICKISON TX 77539	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JOHN 6631 RIDGE TOP DRIVE NEW PORT RICHEY FL 34655	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FABRE, A.J. 2578 PRIVATEER BLVD. BARATARIA LA 70038	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOPSON, DARLENE P.O. BOX 690 ST. HELENA ISLAND SC 29920	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John A. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

33-03(727)945-9325

CR2E037 (10/02)