## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2000 8:00 am Secretary of State **DOCUMENT # N47028** 1. Entity Name HUDSON SEAFEST INC. 04-27-2000 90048 019 \*\*\*\*61.25 Principal Place of Business Mailing Address PO BOX 5055 i 440 BIRCH ST ---- FL 346E7 HUDSON FL 34674-5055 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3160106 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent-Name Street Address (P.O. Box Number is Not Acceptable) ISAACSON, JOHN 6827 AMBERJACK LN HUDSON FL 34667 City Zip Code FL 8. The above named entiry 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. 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. PD ☐ Addition CR2E037 (9/99 ☐ Delete TITLE D TITLE MEYER, A L NAME NAME 14401 BIRCH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HUDSON FL 34667 CITY-ST-ZIP vpd D **Change** ☐ Addition TITLE ☐ Delete TITLE CONOVER, K NAME NAME 1400 FIVAY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HUDSON FL 34667** Delete TITLE PD Change ☐ Addition TITLE arnett, b NAME NAME 6840 SR 52 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HUDSON FL 34667 ☐ Addition ☐ Delete TITI F ${\mathcal D}$ X Change TITLE ISAACSON, JOHN NAME NAME 6827 AMBER JACK LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HUDSON FL VPD ☐ Delete ☐ Change ☐ Addition TITLE TITLE STOREY, TIM NAME NAME 8432 DELAWARE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRINGHILL FL Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR VIREGIOR

mil 4

Doutimo Phone #