

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90130 046 ***150.00

DOCUMENT # P00000010084

1. Entity Name
ORE SEAFOOD, INC.



Principal Place of Business
**600 MANOR LANE
MARATHON, FL 33050**

Mailing Address
**600 MANOR LANE
MARATHON, FL 33050**

2. Principal Place of Business
**3910 S. Roosevelt Blvd.
Suite, Apt. #, etc.
Suite 209 South**

3. Mailing Address
**3910 S. Roosevelt Blvd.
Suite, Apt. #, etc.
Suite 209 South**

City & State
Key West FL

City & State
Key West, FL

4. FEI Number
65-0977554

Applied For
☐ Not Applicable

Zip
33040

Country
USA

Zip
33040

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**GONZALEZ, ORELIA C
600 MANOR LANE
MARATHON, FL 33050**

7. Name and Address of New Registered Agent

Name
Gonzalez, Orelia C
Street Address (P.O. Box Number is Not Acceptable)
**3910 S. Roosevelt Blvd.
Suite 209 South
City Key West, FL FL Zip Code 33040**

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]

(NOTE: Registered Agent's signature required when resigning)

4/18/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	☐ Delete
NAME	GONZALEZ, PEDRO A	
STREET ADDRESS	600 MANOR LANE	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE	P	☐ Delete
NAME	GONZALEZ, ORELIA C	
STREET ADDRESS	600 MANOR LANE	
CITY-ST-ZIP	MARATHON, FL 33050	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	☒ Change ☐ Addition
NAME	Gonzalez, Pedro A	
STREET ADDRESS	3910 S. Roosevelt Blvd.	
CITY-ST-ZIP	Suite 209 South, Key West, FL 33040	
TITLE	P	☒ Change ☐ Addition
NAME	Gonzalez Orelia C	
STREET ADDRESS	3910 S. Roosevelt Blvd.	
CITY-ST-ZIP	Suite 209 South, Key West, FL 33040	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 607, 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/03

305-292-9565

Date

Daytime Phone #