2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mar 05, 2003 8:00 am Secretary of State **DOCUMENT#** P00000041487 03-05-2003 90082 031 ***150.00 1. Entity Name GASPARILLA SOUND SEAFOOD, INC. Principal Place of Business Mailing Address 2870 WORTH AVE 2870 WORTH AVE ENGLEWOOD FL 34224 ENGLEWOOD FL 34224 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number City & State 59-3645736 Not Applicable Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NORMAN, DAVIDS A PRIM La 1261 LOMA LANE ENGLEWOOD FL 34224 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 regist SIGNATURE. ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. STAU SWEST ☐ Addition Change ☐ Delete TITLE TITLE po. Bot 510725 NAMÉ NAME STEELE, JEFFERY STREET ADDRESS STREET ADDRESS P.O. BOX 510672 punta Goade \$1. 3395 CITY-ST-ZIP PUNTA GORDA FL 33951 CITY-ST-ZIP ☐ Addition Delete TITLE CHRISTOPHER, DAVIDS NAME STREET ADDRESS STREET ADDRESS 6186 B XEL LANE CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34224 ☐ Addition TITLE Change TITLE Delete NAME NORMAN, DAVIDS A NAME STREET ADDRESS STREET ADDRESS 1261 LOMA LANE CITY-ST-ZIP CITY-ST-ZIP **ENGLEWOOD FL 34224** ☐ Change Addition TITLE STON-SWAS □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

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 in changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED