

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Jun 13, 2002 8:00 am  
Secretary of State

05-21-2002 91165 027 \*\*\*150.00

DOCUMENT # P00000044644

1. Entity Name

SOUTHERN SEAFOOD OF PACE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
5538 HWY 90

Suite, Apt. #, etc.

3. Mailing Address  
5538 HWY 90

Suite, Apt. #, etc.

City & State  
PACE, FL

Zip  
32571

Country  
USA

City & State  
PACE, FL

Zip  
32571

Country  
USA

4. FEI Number  
59-3640489

Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent

Name  
GARNET L. PYRITE Geronda M. Walker

Street Address (P.O. Box Number is Not Acceptable)  
5538 HWY 90

City  
PACE FL Zip Code  
32571

DO NOT WRITE  
IN THIS SPACE

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

Geronda M. Walker

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

6/11/02

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

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

TITLE P  
NAME P-Geronda M. Walker  
STREET ADDRESS 6990 Martin Rd  
CITY - ST - ZIP Milton FL 32570

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE V  
NAME VP - Ronnie Brown Jr.  
STREET ADDRESS 6915 Nelson St  
CITY - ST - ZIP Holley FL 32564

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE T  
NAME T - Craig A Walker  
STREET ADDRESS 6990 Martin Rd  
CITY - ST - ZIP Milton FL 32570

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE S  
NAME S - Craig A Walker  
STREET ADDRESS 6990 Martin Rd  
CITY - ST - ZIP Milton FL 32570

TITLE  
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CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Geronda M. Walker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-30-02 850 623 4913

Date Daytime Phone #