

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91451 032 \*\*\*150.00

**DOCUMENT # P00000045722**

**1. Entity Name**  
**FLORIDA PREMIUM SEAFOOD WHOLESALERS, INC.**



**Principal Place of Business**  
**1925 POINSETTIA DRIVE**  
**DAYTONA BEACH FL 32128**

**Mailing Address**  
**1925 POINSETTIA DRIVE**  
**DAYTONA BEACH FL 32128**

**2. Principal Place of Business**  
**1925 POINSETTIA DRIVE**

**3. Mailing Address**  
**1925 POINSETTIA DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**PORT ORANGE, FL**

**City & State**  
**PORT ORANGE, FL**

**Zip** **32128** **Country** **USA**

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**4. FEI Number** **59-3643565**

**Applied For**  
**Not Applicable**

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

**6. Name and Address of Current Registered Agent**

**ROSS, WAYNE**  
**1925 POINSETTIA DRIVE**  
**DAYTONA BEACH FL 32128**

**7. Name and Address of New Registered Agent**

**Name** **ROSS, WAYNE**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1925 POINSETTIA DRIVE**  
**City** **PORT ORANGE, FL** **Zip Code** **32128**

**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** **Wayne Ross, WAYNE ROSS, OWNER**

**4/24/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Check Payable to Florida Department of State**

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

Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ROSS, WAYNE</b>	
<b>STREET ADDRESS</b>	<b>1925 POINSETTIA DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>DAYTONA BEACH FL 32128</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
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<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>ROSS, WAYNE</b>	
<b>STREET ADDRESS</b>	<b>1925 POINSETTIA DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>PORT ORANGE, FL 32128</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** **Wayne Ross, WAYNE ROSS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/03**  
Date

**386-383-6244**  
Daytime Phone #

CR2E034 (10/02)