

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90101 010 ***150.00

DOCUMENT # P00000047121

1. Entity Name
CAPT. CLAM SEAFOOD, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>131 SPRINGLAKE BLVD</u> Suite, Apt. #, etc.	3. Mailing Address <u>P O Box 510672</u> Suite, Apt. #, etc.
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City & State <u>PORT CHARLOTTE FLA</u>	City & State <u>PUNTA GORDA FLA</u>
Zip <u>33952</u>	Zip <u>33951</u>
Country <u>US</u>	Country <u>US</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1008945</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JEFFERY L STEELE

Street Address (P.O. Box Number is Not Acceptable)
131 SPRINGLAKE BLVD

City PORT CHARLOTTE **FL** **Zip Code** 33952

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 _____ Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>P</u> <u>JEFFREY L STEELE</u> <u>131 SPRING LAKE BLVD</u> <u>PORT CHARLOTTE FLA 33952</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>ST</u> <u>BARBARA J STEELE</u> <u>131 SPRINGLAKE BLVD</u> <u>PORT CHARLOTTE FLA 33952</u>	TITLE NAME STREET ADDRESS 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: [Signature] **2 APR 1 02 941 429-0299**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034B (12/01)