

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 00000084710

1. Entity Name

Seafood Seller Inc.

Principal Place of Business

Mailing Address

3283 S. Suncoast Blvd.  
Homosassa, FL 34448

3283 S. Suncoast Blvd.  
Homosassa, FL 34448

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1038634

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

James L. Stoltz, II  
3283 S. Suncoast Blvd.  
Homosassa, FL 34448

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

*James L. Stoltz, II*

Signature, typewritten printed name of registered agent and title 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)

☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

James L. Stoltz, II  
3283 S. Suncoast Blvd.  
Homosassa, FL 34448

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

James L. Stoltz  
3283 S. Suncoast Blvd.  
Homosassa, FL 34448

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800004761018--5  
-01/09/02--01014--008  
\*\*\*\*150.00 \*\*\*\*150.00

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James L. Stoltz, II*

James L. Stoltz, II

10/30/01

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 DEC 26 PM 4:00

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)

2

December 20, 2001

Mr. Andy Dunlap  
Department of State  
Division of Corporations Reinstatement Section  
409 E. Gaines Street  
Tallahassee, FL 32399

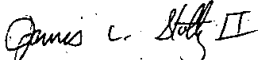
Re: P00000084710

Dear Sir:

Attached please find the "Corporation Reinstatement" form along with a check for \$150.00. We respectfully request that you reinstate the above-referenced corporation because we did not receive the Uniform Business Report this year. Please note that our current mailing address is that which is listed on this letterhead.

Thank you.

Respectfully,

  
James L. Stoltz, II  
President

POB:djm  
Enclosure