

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91284 001 ***750.00

DOCUMENT # P00000091204

1. Entity Name
DEEP WATER SEAFOOD, INC.

Principal Place of Business
**967 SMOKERIES BLVD
 PORT ORANGE FL 32127**

Mailing Address
**967 SMOKERIES BLVD
 PORT ORANGE FL 32127**

72634



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
244 N. CAUSEWAY
 Suite, Apt. #, etc.

3. Mailing Address
244 N. CAUSEWAY
 Suite, Apt. #, etc.

City & State
New Smyrna Beach FL
 Zip
32169
 Country
USA

City & State
New Smyrna Beach FL
 Zip
32169
 Country
USA

4. FEI Number
59-3673001

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

SCHAAF, FRANK C
967 SMOKERIES BLVD
PORT ORANGE FL 32127

Smoke rise Blvd

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

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 NAME STREET ADDRESS CITY-ST-ZIP	SCHAAF, FRANK C <i>correct the spelling</i> 967 SMOKERIES BLVD PORT ORANGE FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHAAF, FRANK C <i>for spelling only</i> 967 SMOKERIES BLVD PORT ORANGE FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Frank C. SchAAF* **FRANK C. SCHAAF** **904-428-4441**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Form **966**

(Rev. August 1998)

Department of the Treasury
Internal Revenue Service

FILED PURSUANT TO NOTICE 97-4

Corporate Dissolution or Liquidation

(Required under section 6043(a) of the Internal Revenue Code)

OMB No. 1545-0041

*Attachments
#20091204
72033*

Please type or print	Name of corporation DEEP WATER SEAFOOD, INC.		Employer identification number 59-3673001 (QSUB)	
	Number, street, and room or suite no. (If a P.O. box number, see instructions below.) 967 SMOKERISE BLVD.		Check type of return <input type="checkbox"/> 1120 <input type="checkbox"/> 1120L <input type="checkbox"/> 1120-IC-DISC <input checked="" type="checkbox"/> 1120S <input type="checkbox"/> Other ▶	
City or town, state, and ZIP code PORT ORANGE, FL 32127				
1 Date incorporated 10-1-00	2 Place incorporated FLORIDA	3 Type of liquidation QSUB <input checked="" type="checkbox"/> Complete <input type="checkbox"/> Partial	4 Date resolution or plan of complete or partial liquidation was adopted 10-1-00	
5 Service Center where corporation filed its immediately preceding tax return N/A NEW CORPORATION	6 Last month, day, and year of immediately preceding tax year N/A NEW CORPORATION	7a Last month, day, and year of final tax year N/A NEW CORPORATION	7b Was corporation's final tax return filed as part of a consolidated income tax return? If "Yes," N/A complete 7c, 7d, and 7e. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NEW CORP	
7c Name of common parent INTERCOASTAL MARINE HOLDING CORPORATION, INC.		7d Employer identification number of common parent 59-3673010	7e Service Center where consolidated return was filed N/A NEW CORPORATION	
8 Total number of shares outstanding at time of adoption of plan of liquidation		Common		Preferred
		100		0
9 Date(s) of any amendments to plan of dissolution		N/A		
10 Section of the Code under which the corporation is to be dissolved or liquidated		IRC SEC. 1361(b)(3)(B)		
11 If this return concerns an amendment or supplement to a resolution or plan, enter the date the previous Form 966 was filed				

Attach a certified copy of the resolution or plan and all amendments or supplements not previously filed.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of officer COPY FOR CLIENT	PRESIDENT - INTERCOASTAL MARINE HOLDING CORPORATION, INC.
--	--

Instructions

Who must file. A corporation must file Form 966 if it adopts a resolution or plan to dissolve the corporation or liquidate any of its stock. Exempt organizations are not required to file Form 966. These organizations should see the instructions for Form 990 or 990-PF.

When and where to file. File Form 966 within 30 days after the resolution or plan is adopted to dissolve the corporation or liquidate any of its stock. If the resolution or plan is amended or supplemented after Form 966 is filed, file another Form 966 within 30 days after the amendment or supplement is adopted. The additional form will be sufficient if the date the earlier form was filed is entered on line 11 and a certified copy of the amendment or supplement is attached. Include all information required by Form 966 that was not given in the earlier form.

File Form 966 with the Internal Revenue Service Center where the corporation is required to file its income tax return.

Distribution of property. A corporation must recognize gain or loss on the distribution of its assets in the complete liquidation of its stock. For purposes of determining gain or loss, the distributed assets are valued at fair market value. Exceptions to this rule apply to liquidation of a subsidiary and to a distribution that is made pursuant to a plan of reorganization.

Address. Include the suite, room, or other unit number after the street address. If mail is not delivered to the street address and the corporation a P.O. box, enter the box number instead of the street address.

Signature. The return must be signed and dated by the president, vice president, treasurer, assistant treasurer, chief accounting officer, or any other corporate officer (such as tax officer) authorized to sign. A receiver, trustee, or assignee must sign and date any return required to be filed on behalf of a corporation.

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws and to allow us to figure and collect the right amount of tax.

You are not required to provide the information requested by a form or its instructions that is subject to the Paperwork Work Reduction Act unless the form displays a valid OMB control number. Books and records relating to a form or its instructions must be retained as long as their content may become material in the administration of any internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping 5 hr., 1 min.
- Learning about the law or the form 6 min.
- Preparing and sending the form to the IRS 11 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. DO NOT send the tax form to this office. Instead, see When and Where To File on this page.