

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-11-2002 90167 012 ***150.00

DOCUMENT # P00000095130

1. Entity Name
THREE FISHERMEN SEAFOOD, INC.

Principal Place of Business **Mailing Address**
1771-2 RED CEDAR DR **1771-2 RED CEDAR DR**
FT MYERS FL 33907 **FT MYERS FL 33907**

2. Principal Place of Business **3. Mailing Address**

5100 S. Cleveland Ave

Suite, Apt. #, etc.

314

Suite, Apt. #, etc.

City & State

FT. Myers FL.

City & State

Zip

Country

33907 U.S.A.

Zip

Country

DO NOT WRITE IN THIS SPACE



4. FEI Number **65-1050412**

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

D'AGOSTINO, LOUIS D
821 5TH AVE S, SUITE 201
NAPLES FL 34102

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

Signature, typed or 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BROWNING, PAUL B	
STREET ADDRESS	1771-2 RED CEDAR DR.	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BROWNING, SARAH V	
STREET ADDRESS	1771-2 RED CEDAR DR.	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED
Paul Browning

1-19-02

941-931-3474

Date

Daytime Phone #

CR2E034 (9/01)