

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90044 021 ***150.00

DOCUMENT # P00000095130

1. Entity Name
THREE FISHERMEN SEAFOOD, INC.



Principal Place of Business
**5100 S CLEVELAND AVE
314
FT MYERS FL 33907**

Mailing Address
**1771-2 RED CEDAR DR
FT MYERS FL 33907**



2. Principal Place of Business

3. Mailing Address
5100 S. Cleveland Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
314

City & State

City & State
Ft. Myers Fl.

Zip

Country

Zip
33907

Country
USA

4. FEI Number **65-1050412**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BROWNING, PAUL B**
STREET ADDRESS **1771-2 RED CEDAR DR.**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ Change ☐ Addition
NAME **11204 Boardwalk pt.**
STREET ADDRESS **Ft. Myers, Fl. 33908**
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **BROWNING, SARAH V**
STREET ADDRESS **1771-2 RED CEDAR DR.**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ Change ☐ Addition
NAME **11204 Boardwalk pt.**
STREET ADDRESS **Ft. Myers, Fl. 33908**
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED
Paul Browning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/03
Date

239-931-3474
Daytime Phone #

CR2E034 (10/02)