

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000118066

1. Entity Name-

SEAFOOD DIRECT, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90117 017 ***150.00

C0066084



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

7 CHANNEL ST.
BOSTON MA 02210

7 CHANNEL ST.
BOSTON MA 02210

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

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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 PRESIDENT
STREET ADDRESS RICHARD STAVIS
CITY-ST-ZIP 7 CHANNEL ST
BOSTON, MA 02210

TITLE ☐ Delete
NAME V. P.
STREET ADDRESS MANY FLEMING
CITY-ST-ZIP 7 CHANNEL ST
BOSTON, MA 02210

TITLE ☐ Delete
NAME TREASURER
STREET ADDRESS STUART ALTMAN
CITY-ST-ZIP 7 CHANNEL ST
BOSTON, MA 02210

TITLE ☐ Delete
NAME CLERK
STREET ADDRESS EMILY STAVIS
CITY-ST-ZIP 7 CHANNEL ST
BOSTON, MA 02210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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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: Stuart Altman STUART ALTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01
Date

617-482-6349
Daytime Phone #

CR2E034 (10/00)