

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

03 SEP -10 AM 8:00

DOCUMENT # P01000005125 1. Entity Name NORRIS AQUATIC FARMS, INC.



Principal Place of Business 415 S. ATLANTIC AVE. COCOA BEACH, FL 32931 Mailing Address 415 S. ATLANTIC AVE. COCOA BEACH, FL 32931

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

MRS

4. FEI Number 59-3716173 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent NORRIS, PATRICK 415 S. ATLANTIC AVE. COCOA BEACH, FL 32931

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 replacing) DATE



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

Table with 6 rows for Officers and Directors (Block 10). Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a Delete checkbox.

Table with 6 rows for Additions/Changes to Officers and Directors (Block 11). Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and Change/Addition checkboxes.

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 807, 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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-03 321-223-0655 Date

CR20034 (10/02)