

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000028803

1. Entity Name

SHRIMP SCIENCE INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 31 PM 3:16

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2300 A ROAD

3. Mailing Address
2300 A ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LABELLE, FL

City & State
LABELLE, FL

Zip
33325

Country
US

Zip
33325

Country
US

4. FEI Number

☒ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name RAX CO.

Street Address (P.O. Box Number Is Not Acceptable)

50 NORTH LAURA STREET, SUITE 3300

City JACKSONVILLE

FL

Zip Code
32202

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.

Halcyon E. Skinner, President

10-30-02

(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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

D
PEARL, ROBIN A.
2300 A ROAD
LABELLE, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BOND, PETER D.
2300 A ROAD
LABELLE, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D/P
MCMAHON, DAVID Z.
2300 A ROAD
LABELLE, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AS
HALCYON E. SKINNER
50 N. LAURA STREET, SUITE 3300
JACKSONVILLE, FL 32202

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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300008724623
10/31/02--01042--007 **550.00

**DO NOT WRITE
IN THIS SPACE**

11/6/02

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Halcyon E. Skinner, AS

10-30-02

(904) 798-2626

Date

Daytime Phone #

CR2E034B (12/01)