

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

DOCUMENT # P01000064774

1. Entity Name Steinhatchee Fish INC.

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90146 014 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Steinhatchee, Fl.

3. Mailing Address

P.O. Box 777

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104 1st Ave. S.W.

City & State

Steinhatchee, Fl.

City & State

Steinhatchee, Fl.

Zip

32359

Country

Taylor

Zip

32359

Country

Taylor

4. FEI Number

59-2765521

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

Martha Sue Smyrnias

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

104 1st Ave S.W.

City

Steinhatchee

FL

Zip Code

32359

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

Janalea Smyrnias Sec/Treasurer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-25-02

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
PRESIDENT	Martha Sue Smyrnias	104 1st Ave S.W.	Steinhatchee, Fl. 32359
VICE PRESIDENT	Michael M. Smyrnias	104 1st Ave S.W.	Steinhatchee, Fl. 32359
Sec. / Treasury / CEO	Janalea M. Smyrnias	104 1st Ave S.W.	Steinhatchee, Fl. 32359
Manager	Dale M. Smyrnias	104 1st Ave S.W.	Steinhatchee, Fl. 32359

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janalea Smyrnias

4-25-02

Date

352-498-3907

Daytime Phone #