

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000071358

1. Entity Name
ALLEN & HATIN AQUACULTURE, INC.



Principal Place of Business
HIGHWAY 24
BLACK BAYOU BRIDGE
CEDAR KEY FL 32625

Mailing Address
PO BOX 925
CEDAR KEY FL 32625

2. Principal Place of Business

Same as above
Suite, Apt. #, etc.
Highway 24 Black Bayou
Cedar Key, FL.
City & State
Zip
32625 Levy

3. Mailing Address

Same as above
Suite, Apt. #, etc.
P.O. 925
Cedar Key, FL.
City & State
Zip
32625 Levy

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3739565

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HATIN, JOSEPH
525 2ND STREET
CEDAR KEY FL 32625

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 *Dr. Joseph Hatin, Pres. Allen & Hatin Aquaculture, Inc.* DATE 1-6-03

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

TITLE	P	<input type="checkbox"/> Delete
NAME	HATIN, R. JOSEPH	same
STREET ADDRESS	PO BOX 925	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALLEN, JAMES	same
STREET ADDRESS	PO BOX 781	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ALLEN, JAMES	same
STREET ADDRESS	PO BOX 848	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500010676315	
STREET ADDRESS	01/23/03--01078--002 **158.78	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 employees.

SIGNATURE: *Dr. Joseph Hatin, Pres.* DATE 1-6-03 DAYTIME PHONE 352-543-5198

2nd payment
FILED

03 JAN 24 PM 12:49

SECRETARY OF STATE
TALLAHASSEE, FL.



CR2E034 (10/03)

NONE

9/1/20