FILED

Jan 08, 2002 8:00 am

Secretary of State

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

SIGNATURE:

1. Entity Name

P01000078203

01-08-2002 90026 031 ***150.00 CASTAWAY'S SEAFOOD COMPANY Principal Place of Business Mailing Address 4599 \$ UNIVERSITY DR 4599 S UNIVERSITY DR DAVIS FL 33328 DAVIS FL 33328 Principal Place of Business 4599 \$. Up!vers; + 05 DO NOT WRITE IN THIS SPACE Davie 4. FEI Number Applied For 65-1128098 Not Applicable Biomaco \$8.75 Additional 33328 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORAITIS, GEORGE Street Address (P.O. Box Number is Not Acceptable) 16919 NW 57TH AVE MIAMI FL 33055 City 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, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/04) President ☐ Addition TITLE ☐ Delete TITLE ☐ Change Jefficy L. Stella Jr 572154 9th St NAME NAME STREET ADDRESS CR2E034 STREET ADDRESS Plantation, F1, 33317 CITY-ST-ZIP CITY-ST-ZIP Pres ☐ Delete ☐ Change ☐ Addition TITLE TITLE Jeffrey C. Stella Sr. 5721 SW 9th St 33917 Plantation Fl 33917 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition 3642" NE 1714 St NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP hereby certify that the information supplied with this filling 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.