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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UN	IFORM BUSINI	ESS REPOR	T (UBR)	
DOCUMENT # P01000084747				Secretary of State 07-22-2003 90050 046 ***150.00
ROGER'S	FISH FACTORY, INC.			
Principal Place of Business 5233 NORMANDY BOULEVARD JACKSONVILLE FL 32205		Mailing Address 5233 NORMANDY BOULEY JACKSONVILLE FL 32205	VARD	T A MATERIAL ATT AND A STORE AND A MATERIAL DESIGN DESIGN BARRICA BARRICA BARRICA BARRICA BARRICA BARRICA BARRICA
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
City & State		City & State		4. FEI Number 59-3520331 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	None	7. Name and Address of New Registered Agent
MOCALL	DOCED E		Name	
MCCALL, ROGER E 5233 NORMANDY BOULEVARD			Street Address	s (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32205				<u> </u>
			City	. Zip Code
	named entity submits this statement for tions of registered agent.	or the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature requir	red when reinstating) DATE
After Se	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 k Payable to Florida Department o			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10:		DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD MCCALL, ROGER E 5089 JONES RD JACKSONVILLE FL 32219	. 🗀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADORESS		· Delete	TITLE NAME STREET ADORESS	☐ Change ☐ Addition
CITY-ST-ZIP			CITY-ST-ZIP	
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indicated of the cor	on this report or supplemental report is	s true and accurate and that no	ny signature shall have the as required by Chapter 60	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 17, Florida Statutes; and that my name appears in Block 10 or Block 11 if

GNATURE: X SIGNATURE AND THE DOT PRINTED NAME OF SIGNING OFFICEN OR DIRECTOR Date Date Dayling Phone #