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2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 29, 2002 8:00 am
Secretary of State

05-02-2002 90004 045 ***150.00

DOCUMENT # P01000110355

1. Entity Name

SEVEN SPRINGS SEAFOOD COMPANY, INC.

Principal Place of Business

1166 CHANCELLOR DR.
HOLIDAY FL 34690

Mailing Address

1166 CHANCELLOR DR.
HOLIDAY FL 34690

87551

2. Principal Place of Business

4036 Little Road

Suite, Apt. #, etc.

3. Mailing Address

4036 Little Rd

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

New Port Richey FL

City & State

New Port Richey FL

4. FEI Number

59-3755574

Applied For

Not Applicable

Zip

34655

Country

USA

Zip

34655

Country

USA

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

6. Name and Address of Current Registered Agent

JOHNSON, PAUL M
1166 CHANCELLOR DR.
HOLIDAY FL 34690

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.

SIGNATURE

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

(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) ☐**FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ DeleteNAME President
PAUL M JOHNSON
STREET ADDRESS 1166 Chancellor Dr
CITY-STATE-ZIP Holiday FL 34690TITLE ☐ DeleteNAME Vice President
Kimberly J Johnson
STREET ADDRESS 1166 Chancellor Dr
CITY-STATE-ZIP Holiday FL 34690TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-STATE-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)