## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 29, 2003 8:00 am Secretary of State

DOCUMENT # P02000026129  1. Entity Name CORAMS' SEAFOOD, INC.				05-05-2003 90305 012 ***150.00	
Principal Place of Br 2729 W. 23RD ST. PANAMA CITY FL 32		Mailing Address 2729 W. 23RD ST. PANAMA CITY FL 32405			
2. Principal Place of Business		3. Mailing Add	ress	Z FROMO DO FIT BRITO TIBILI CONTRACTOR DO TIBILI CONTRACTOR ATOM VIDEO 1881 1880 I	
Suite, Apt. #, etc.		Suite, Apt. #,	etc.	CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 04-3626746 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Name					
PATTERSON, CHRISTOPHER N 1021 GRACE AVE.			Street Addre	Street Address (P.O. Box Number is Not Acceptable)	
PANAMA CITY FL 32401					
	, 	** ***	City	FL Zip Code	
	d entity submits this stateme registered agent.	ent for the purpose of ch	nanging its registered office or regi	stered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signatur	re, typed or printed name of registered	agent and sile if applicable.	(NOTE: Registered Agent signature req	ulred when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing \$5.00 May Be	

5/5

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete (DP) CORAM, CHARLES NAME NAME 2729 W. 23RD ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY FL 32405 CITY-ST-ZIP Delete TITLE mean Lloyd NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change NAME NAME . STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 32401 TITLE ☐ Detete TITLE **Addition** NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cath; 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 empowered.

SIGNATURE: DISCOUNTED NAME OF SIGNING OFFICER OR DIRECTOR DESCRIPTION DESCRIPT