

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04/25/2003 90278 031 ***150.00
P02000035087

03 MAY 13 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000035087



1. Entity Name
UNCLE MILT'S SEAFOOD, INC.

Principal Place of Business
7238 BUCKNELL DRIVE
FT MYERS FL 33908

Mailing Address
7238 BUCKNELL DRIVE
FT MYERS FL 33908



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0428026

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WANDERON, THOMAS
868 106TH AVE NORTH
NAPLES FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
MAXWELL, MILTON II
STREET ADDRESS 7238 BUCKNELL DRIVE
CITY-ST-ZIP FT MYERS FL 33908

TITLE NAME ☒ Change ☐ Addition
Pres., Sec. Treas.
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
Nick Ireland
STREET ADDRESS 10930 San Carlos Blvd.
CITY-ST-ZIP Ft. Myers Beach, FL 33931

TITLE NAME ☐ Change ☒ Addition
V.P.
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 empowered.

SIGNATURE:

Signature

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)