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Jul 28, 2003 8:00 am
Secretary of State

06-24-2003 90011 037 ***150.00
07-28-2003 90146 036 ***400.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

90147804

[redacted]

[redacted]

DOCUMENT # P02000038455

1. Entity Name
CARDENAS SEAFOOD INC.

Principal Place of Business
2820 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408

Mailing Address
2820 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country

3. Mailing Address — Suite, Apt. #, etc. — City & State — Zip — Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 03-0441752 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CARDENAS, THOMAS E II
2820 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ DATE ______

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
P CARDENAS, THOMAS E II 2004 TWIN OAKS DRIVE PANAMA CITY BEACH, FL 32408	☐ Delete
V CARDENAS, THOMAS E 2004 TWIN OAKS DRIVE PANAMA CITY BEACH, FL 32408	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete
	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
2820 Thomas Dr P.C.B. Fl 32408	☒ Change ☐ Addition
2820 Thomas Dr P.C.B. Fl 32408	☒ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

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] 4/17/03 850-236-7662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)