

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000008299

1. Entity Name

SEA TREASURE SEAFOOD MARKET, INC.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90098 044 \*\*\*150.00

Principal Place of Business

109 EVERGREEN AVENUE  
EDGEWATER FL 32132

Mailing Address

109 EVERGREEN AVENUE  
EDGEWATER FL 32132-1607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

City & State

4. FEI Number

59-3156089

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLIJNYK, MICHAEL A  
109 EVERGREEN AVE  
EDGEWATER FL 32132-1607

Name

OLIJNYK, OLGA M.

Street Address (P.O. Box Number is Not Acceptable)

109 EVERGREEN AVE.

City

EDGEWATER,

FL

Zip Code

32132-1607

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

OLGA M. OLIJNYK

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-00

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD  
NAME OLISNYK, OLGA M  
STREET ADDRESS 109 EVERGREEN AVENUE  
CITY-ST-ZIP EDGEWATER FL 32132-1607 ☐ Delete

TITLE VT  
NAME OLIJNYK, OLGA M.  
STREET ADDRESS 109 EVERGREEN AVE.  
CITY-ST-ZIP EDGEWATER, FL. 32132-1607 ☐ Change ☒ Addition

TITLE VS  
NAME OLIJNYK, OLGA M.  
STREET ADDRESS 109 EVERGREEN AVENUE  
CITY-ST-ZIP EDGEWATER FL ☐ Delete

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

TITLE VT  
NAME OLIJNYK, MICHAEL A  
STREET ADDRESS 109 EVERGREEN AVE  
CITY-ST-ZIP EDGEWATER FL 32132-1607 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

OLGA M. OLIJNYK SD-VS-VT

3-20-00

Date

904-423-5340

Daytime Phone #