

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000065151

1. Entity Name

OCEAN FRESH SEAFOOD, INC.

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90323 024 ***150.00

Principal Place of Business

19669 INDIAN MOUNDS DRIVE
SUGARLOAF KEY FL 33042
US

Mailing Address

19669 INDIAN MOUNDS DRIVE
SUGARLOAF KEY FL 33042
US

2. Principal Place of Business

8800 5 OVERSEAS HWY

3. Mailing Address

8800 5 OVERSEAS HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ISLAMORADA, FL

City & State

ISLAMORADA, FL

Zip

33036

Country

US

Zip

33036

Country

US

4. FEI Number

65-0550408

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREGG, MARK H
100360 OVERSEAS HIGHWAY
KEY LARGO FL 33037

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, 2001 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

TITLE **D** ☐ Delete
NAME **ALBERTS, GARRETT G**
STREET ADDRESS **19669 INDIAN MOUNDS DRIVE**
CITY-ST-ZIP **SUGARLOAF KEY FL 33462**

TITLE **D** ☐ Delete
NAME **ALBERTS, KAREN J**
STREET ADDRESS **19669 INDIAN MOUNDS DRIVE**
CITY-ST-ZIP **SUGARLOAF KEY FL 33462**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8800 5 OVERSEAS HWY**
CITY-ST-ZIP **ISLAMORADA, FL 33036**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8800 5 OVERSEAS HWY**
CITY-ST-ZIP **ISLAMORADA, FL 33036**

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-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 (10/00)