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FILED
Aug 26, 2002 8:00 am
Secretary of State

05-27-2002 90422 013 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000015815 ✓

1. Entity Name

CHASIN TAIL SEAFOOD, INC.

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18236 PIONEER ROAD	SAME as Change
Suite, Apt. #, etc. Change of Adress Below	Suite, Apt. #, etc. of Adress
City & State FORT MYERS, FL	City & State
Zip 33908 / Country USA	Zip / Country

4. FEI Number 65-0565374 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ROBERT COHEN

Street Address (P.O. Box Number is Not Acceptable) 18236 PIONEER ROAD

City FORT MYERS FL Zip Code 33908

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 ROBERT COHEN [signature] 4-6-02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P	TITLE	
NAME	ROBERT COHEN	NAME	
STREET ADDRESS	~~18236 PIONEER ROAD~~ 3536	STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33908 Unique Cir	CITY-ST-ZIP	
TITLE	P	TITLE	
NAME	Robert Cohen	NAME	
STREET ADDRESS	3536 Unique Circle	STREET ADDRESS	
CITY-ST-ZIP	Ft. Myers, Fl 33908	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.*

SIGNATURE: [signature] 4-6-02 941-415-5808

ROBERT COHEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #