

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068380

1. Entity Name

ISLAND SEAFOOD AND TRADING COMPANY

Principal Place of Business

5901 SUN BLVD.
#100C
ST. PETERSBURG FL 33715

Mailing Address

5901 SUN BLVD.
#100C
ST. PETERSBURG FL 33715

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 59-3337252

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHANOVE, LESLIE A
4309 SUNRISE DRIVE SOUTH
ST. PETERSBURG FL 33705

7. Name and Address of New Registered Agent

Name LISA PICCONI
Street Address (P.O. Box Number is Not Acceptable)
1290 PINE RIDGE CIRCLE E #12162
City TARPON SPRINGS FL Zip Code 34689

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
NAME CHANOVE, LESLIE A
STREET ADDRESS 4309 SUNRISE DRIVE SOUTH
CITY-ST-ZIP ST. PETERSBURG FL 33705 ☒ Delete

TITLE
NAME PEDRO ALVAREZ P.
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE LISA PICCONI V.P.
NAME 1290 PINE RIDGE C. EAST
STREET ADDRESS TARPON SPRINGS FL 34689
CITY-ST-ZIP ☐ Delete

TITLE
NAME PETER HAY S.
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-01 866-8772



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)