## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **FILED** DOCUMENT # **P95000068836** May 19, 2000 8:00 am 1. Entity Name FLORIDA AQUACULTURE TECHNOLOGIES. INC. Secretary of State 05-19-2000 90079 026 \*\*\*150.00 Principal Place of Business Mailing Address 2035 NW 34TH TERRACE 2035 NW 34TH TERRACE GAINESVILLE FL 32605-3642 CEDAR KEY FL 32526 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6, Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUGGAN, THOMAS A Street Address (P.O. Box Number is Not Acceptable) 2035 NW 34TH TERRACE GAINESVILLE FL 32605 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change Addition TITLE ☐ Delete DUGGAN, THOMAS A NAME NAME STREET ADDRESS STREET ADDRESS 2035 NW 34TH TERRACE CITY-ST-ZIP CITY-ST-ZIP **GAINESVILLE FL 32605** ☐ Addition ☐ Change ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP \_ □ Change ■ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 13. I hereby certify that the information supplied with this filling 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.

Daytime Phone #