

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90141 013 ***150.00

DOCUMENT # P96000000933

1. Entity Name
GULF COAST SEAFOOD, INC.



Principal Place of Business

**4921 9TH AVE SOUTH
GULFPORT FL 33707**

Mailing Address

**4921 9TH AVE SOUTH
GULFPORT FL 33707**

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

59-3363282

Applied For

Not Applicable

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

SCHAFER, WALTER L JR.

**2430 ESTANCIA BLVD., STE. 108
CLEARWATER FL 34621**

Name

John W. Merkle III

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

4921 9TH AVE SOUTH

City

Gulfport

FL

Zip Code

33707

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John W. Merkle III **PRESIDENT John W. Merkle III**

4/15/03

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MERKLE, JOHN W III	
STREET ADDRESS	4921 9TH AVE SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REITER, FRITZ V	
STREET ADDRESS	4921 9TH AVE SOUTH	
CITY-ST-ZIP	GULFPORT FL 33707	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John W. Merkle III **John W. Merkle III**

4/15/03

DATE

727-321-5005

Daytime Phone #

CR2E034 (10/02)