2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90377 006 ***150.00

DOCUMENT # P96000007781

1. Entity Name
SOUTH FLORIDA AQUACULTURE, INC.

Principal Place of Business
40801 SW 232ND AVE
FLORIDA CITY, FL 33034

Mailing Address

D0056096

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
1400 A 10TH STREET
Suite, Apt. #, etc.
City & State LAKE PARK, FL
Zip 33403 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0634443 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SCOTT G. WILLIAMS
SHUTTS & BOWEN LLP
250 AUSTRALIAN AVE SO. SUITE 500
WEST PALM BEACH FL 33401

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARVEY, JIM 250 AUSTRALIAN AVE, SO. SUITE 500 WEST PALM BEACH, FL 33401	☐ Delete	VPD WILSON, DAVID 40801 SW 232 AVE FLORIDA CITY, FL	☐ Change ☐ Addition DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COLLINS, MIKE P.O. BOX 803 ISLAMORADA, FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DANIEL L. AZOUGOU 1400A 10TH STREET LAKE PARK, FL 33403	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD HAYES, THOMAS 3600 N. FEDERAL HWY 2ND FLOOR FT LAUDERDALE, FL	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIRCHNER, BUD 1327 PORTOFINO DR #711 WESTON, FL 33326	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCCLERNON, COLLIN 250 AUSTRALIAN AVE S. SUITE 500 W. PB. FL 33401	☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: _____ 4-30-01 561-842-3042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date