

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P96000007781**

1. Entity Name

SOUTH FLORIDA AQUACULTURE, INC. ✓

Principal Place of Business

Mailing Address

**40801 SW 232ND AVE
FLORIDA CITY, FL 33034**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1400 A 10TH STREET

City & State

City & State

LAKE PARK, FL

Zip

Country

Zip

Country

33403

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

7. Name and Address of New Registered Agent

**SCOTT G. WILLIAMS
SHUTTS & BOWEN LLP
250 AUSTRALIAN AVE So. Suite 500
WEST PALM BEACH FL 33401**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P.D.	☐ Delete
NAME	HARVEY, JIM	
STREET ADDRESS	250 AUSTRALIAN AVE, So. Suite 500	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	

TITLE	S.D.	☐ Delete
NAME	COLLINS, MIKE	
STREET ADDRESS	P.O. Box 803	
CITY-ST-ZIP	ISLAMOLADA, FL	

TITLE	T.D.	☐ Delete
NAME	DANIEL L. AZUVEDO	
STREET ADDRESS	1400 A 10TH STREET	
CITY-ST-ZIP	LAKE PARK, FL 33403	

TITLE	V.P.D.	☐ Delete
NAME	HAYES, THOMAS	
STREET ADDRESS	3600 N. FEDERAL HWY 2ND FLOOR	
CITY-ST-ZIP	FT LAUDERDALE, FL	

TITLE	D.	☐ Delete
NAME	KIRCHNER, BUD	
STREET ADDRESS	1327 POWDERHORN DR # 711	
CITY-ST-ZIP	WEBER, FL 33326	

TITLE	D.	☐ Delete
NAME	MC CHERNON, COLLIN	
STREET ADDRESS	250 AUSTRALIAN AVE. Suite 500	
CITY-ST-ZIP	W. PALM BEACH, FL 33401	

TITLE	V.P.D.	☐ Change ☐ Addition
NAME	WILSON, DAVID	
STREET ADDRESS	40801 SW 232 AVE	
CITY-ST-ZIP	FLORIDA CITY, FL	

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

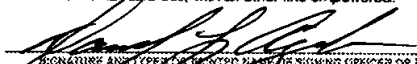
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		

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

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 NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01**501-842-3642**

Signature Page 8

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DO NOT WRITE IN THIS SPACE

CR2ED34 (11/00)