

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90161 011 ***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

**1400 A 10TH STREET
 LAKE PARK FL 33403**

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

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

**WILLIAMS, SCOTT S
 SHUTTS & BOWEN LLP
 250 AUSTRALIAN AVE., S., STE 600
 WEST PALM BCH FL 33401**

Name

Domenick R. Lioce, Esq.

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

1645 Palm Beach Lakes Blvd., #1200

City

West Palm Beach

FL

Zip Code
33401

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	HARVEY, JIM	
STREET ADDRESS	250 AUSTRALIAN AVE, SOUTH, SUITE 500	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIRCHNER, BUD	
STREET ADDRESS	1327 PORTOFINO DR #711	
CITY-ST-ZIP	WESTON FL 33326	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COLLINS, MIKE	
STREET ADDRESS	PO BOX 803 N/A	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	AZEREDO, DANIEL L	
STREET ADDRESS	1400A 10TH ST.	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCCLENNON, COLLIN	
STREET ADDRESS	250 AUSTRALIAN AVE SOUTH STE 500	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HAYES, THOMAS	
STREET ADDRESS	3600 N. FEDERAL HWY. 2ND FLOOR	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

DANIEL L. AZEREDO
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-9-02

Daytime Phone #

561-842-3642

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 109990
 9S

CR2E034 (9/01)