

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000027591

1. Entity Name

JUDY CANOVA SEAFOOD, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90399 037 \*\*\*150.00

0021230

Principal Place of Business

1525 PENMAN ROAD  
JACKSONVILLE BEACH FL 32250

Mailing Address

1525 PENMAN ROAD  
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

2032 ANDREAU RD

Suite, Apt. #, etc.

3. Mailing Address

2032 ANDREAU ROAD

Suite, Apt. #, etc.

City & State

Atlantic Beach, FL

City & State

Atlantic Beach, FL

Zip

32233

Country

DUAL

Zip

32233

Country

DUAL

4. FEI Number

59-3338691

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

C0056714



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CANOVA, JUDY  
1525 PENMAN ROAD  
JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name

CANOVA, JUDY

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

2032 ANDREAU ROAD

City

ATLANTIC BEACH

FL

Zip Code

32233

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, 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

TITLE PD  
NAME CANOVA, JUDY  
STREET ADDRESS 1525 PENMAN ROAD  
CITY-ST-ZIP JACKSONVILLE BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME CANOVA, JUDY  
STREET ADDRESS 2032 ANDREAU ROAD  
CITY-ST-ZIP ATLANTIC BEACH, FL 32233

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Judy Canova / Pres.

4-24-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)