

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90972 041 ***150.00

DOCUMENT # P96000046923

1. Entity Name

MOUTH OF THE SOUTH SEAFOOD, INC.

Principal Place of Business

Mailing Address

**1030 W.C. OWENS AVENUE
 CLEWISTON FL 33440**

**1030 W.C. OWENS AVENUE
 CLEWISTON FL 33440**

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

65-0683003

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

**METTS, LOIS
 1030 W.C. OWENS AVENUE
 CLEWISTON FL 33440**

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 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, 2000 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 ☐ Delete
 NAME **S**
 STREET ADDRESS **NAVARRO, RAMON R**
 CITY-ST-ZIP **1065 STANTON STREET
 CLEWISTON FL 33440**

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

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **HERRING, CARLOS L.**
 CITY-ST-ZIP **1030 W.C. OWEN AVENUE
 CLEWISTON FL 33440**

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

TITLE ☐ Delete
 NAME **C**
 STREET ADDRESS **METTS, JULIA A**
 CITY-ST-ZIP **1030 W C OWENS AVE
 CLEWISTON FL 33440**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MELARO, ROLANDO**
 CITY-ST-ZIP **1030 W C OWENS AVE
 CLEWISTON FL 33440**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **O'NEAL, PATRICIA**
 CITY-ST-ZIP **1030 W C OWENS
 CLEWISTON FL 33440**

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

TITLE ☐ Delete
 NAME **M**
 STREET ADDRESS **ROBINSON, JUNE M**
 CITY-ST-ZIP **1030 W C OWENS AVE
 CLEWISTON FL 33440**

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:

June M Robinson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June M Robinson 4-28-00

Date

863-983-3161

Daytime Phone #

CR2E034 (9/99)