

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90069 027 ***150.00

DOCUMENT # P96000059052

1. Entity Name
BIG BEND SEAFOOD, INC.

| | |
|---|---|
| Principal Place of Business 1165 PALMETTO DRIVE CEDAR KEY FL | Mailing Address POST OFFICE 46 CEDAR KEY FL 32625-0046 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------------------|-----|---------|
| 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 59-3393223 | Applied For <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CAUSEY, KATHRYN F
~~12604 SR 24~~
P.O. BOX 46
CEDAR KEY FL 32625

7. Name and Address of New Registered Agent

Name
KATHRYN F. CAUSEY

Street Address (P.O. Box Number is Not Acceptable)
6052 D STREET (NO MAIL)
P.O. BOX 46 (MAIL)

City
CEDAR KEY **FL** Zip Code
32625

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 *Kathryn F Causey* DATE **3-8-00**

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, 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MCINTYRE, GARY P 1165 PALMETTO DRIVE CEDAR KEY FL 32625 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BAINBRIDGE, RICHARD A 1165 PALMETTO DRIVE CEDAR KEY FL 32625 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CAUSEY, KATHRYN F CPA 12604 SR 24/P.O. BOX 46 CEDAR KEY FL 32625 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Gary McIntyre* **GARY P. MCINTYRE** DATE: **3-9-00** DAYTIME PHONE #: **352-543-6271**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)