2002 Uniform Business Report (UBR)

Mar 26, 2002 8:00 am Secretary of State P96000059052 DOCUMENT # 1. Entity Name 03-26-2002 90026 014 ***150.00 BIG BEND SEAFOOD, INC. Principal Place of Business Mailing Address **POST OFFICE 46** 1165 PALMETTO DRIVE CEDAR KEY FL 32625 CEDAR KEY FL 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3393223 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAUSEY, KATHRYN F Street Address (P.O. Box Number is Not Acceptable) 12421 S.R. 24 CEDAR KEY FL 32625 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. CR2E034 (9/01) ☐ Addition TITLE Change TITLE Delete NAME MCINTYRE, GARY P NAME STREET ADDRESS STREET ADDRESS 1165 PALMETTO DRIVE CITY-ST-ZIP CITY-ST-ZIP CEDAR KEY FL 32625 TITLE Change Addition ☐ Delete BAINBRIDGE, RICHARD A NAME NAME 1165 PALMETTO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CEDAR KEY FL 32625 Change ☐ Addition ☐ Delete TITLE TITLE CAUSEY, KATHRYN F CPA NAME .NAME_ STREET ADDRESS STREET ADDRESS 12421 S.R. 24 CITY-ST-ZIP CITY-ST-7IP CEDAR KEY FL 32625 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED