FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State
04-29-2003 90070 005 ***150.00

DOCUMENT # P96000064954

1. Entity Name

ABCO Shrimp, INC

100U946

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1523 Highland ST Suite, Apt. #, etc.	1523 Highland ST Suite, Apt. #, etc.
City & State: Fernandina Beach FL	City & State: FERNANDINA Beach FL
Zip: 32034 Country: ~~USA~~	Zip: 32034 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-1654247 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Cook, ELIZABETH

Street Address (P.O. Box Number is Not Acceptable): 1523 Highland ST

City: FERNANDINA Beach FL Zip Code: 32034

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	Cook, Alfred B III
STREET ADDRESS	1523 Highland ST
CITY-ST-ZIP	Fernandina Beach FL 32034
TITLE	PD
NAME	Cook, Elizabeth P
STREET ADDRESS	1523 Highland ST
CITY-ST-ZIP	Fernandina Beach FL 32034
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CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth P Cook Elizabeth P. Cook 4/27/03 904-261-4772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #