

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90051 026 ***150.00

DOCUMENT # **P960000093704**

1. Entity Name

Sumner Seafood, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

15127 County Rd 39S

Suite, Apt. #, etc.

3. Mailing Address

15127 County Rd 39S

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lithia, FL

City & State
Lithia, FL

4. FEI Number
59-3414864

Applied For
Not Applicable

Zip
33547

Country
USA

Zip
33547

Country
USA

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
Ronnie G. Sumner

Street Address (P.O. Box Number is Not Acceptable)
3807 S Nine Drive

City
Valrico FL Zip Code
33594

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
Ronnie G. Sumner
3807 S Nine Drive
Valrico, FL 33594

TITLE
NAME
STREET ADDRESS
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DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02 813-642-0321

Date

Daytime Phone #