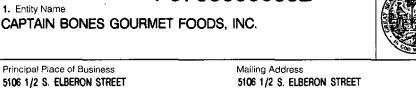
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** 

P97000006002

CAPTAIN BONES GOURMET FOODS, INC.



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FILED May 02, 2003 8:00 am	ů Ý
Secretary of State	P
05-02-2003 90252 015 ***150.00	<

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• .													
2. Principal Place of Business				3. Mailing Address					I IEDIDERI DIR (ALLI TARIT BEITI ER	(   00    04	0041 <b>0 0</b> 1111 0 <b>0</b> 111	8 B (   B	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State				City & State				4. FEI Number 59-3425833 Applied For Not Applica					
Zip	Country Zip Co			Count	try	5.	5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Current F	Registere	ed Agent		·-	7.	Nan	ne and Address of New F	Registered	Agent		
						Name							
BONNER, GLENN W						Street Address (PO. Box Number is Not Acceptable)							
	lberon St	REET				State Color							
TAMPA FL 33611												:	
						City	<b></b>			FL	Zip Coo	ie	
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													
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Campaign Fir Trust Fund Contribution			O May Be d to Fees	
10.	OFFICERS AND DIRECTORS			11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR					RS IN 11		
TITLE	P			TITLE		_		<del>-</del>		Change	☐ Addition		
	BONNER, GLENN W 5106 S. ELBERON STREET				NAME	ET ADDRESS							
CITY-ST-ZIP						ST-ZIP							
TITLE	VP	<u> </u>		☐ Delete	TITLE					-	☐ Change	☐ Addition	
NAME	BONNER, CATHY A				NAME	: ]							
	O TOO O. CEDENOTE OTHER					ET ADDRESS							
CITY-ST-ZIP	TAMPA FL	33611			-	-ST-ZIP							
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STREET ADDRESS		•	•	* *.		T ADDRESS							
CITY-ST-ZIP 0						ST-ZIP							
<ol><li>12. Thereby of</li></ol>	eriiiv that the	untormation supplied with t	mis tilina	goes not qualify for t	ine exer	notion state	ea in Section	1119	OZCANNI Florida Statutae	turther ce	riitv that the i	ntormation	

Thereby certify that the information supplied with this filling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that him 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: