FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90338 042 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000017557**

1. Entity Name
SEA HARVEST SEAFOOD, INC.

Principal Place of Business	Mailing Address
107 N RIVERSIDE DR NEW SMYRNA BEACH, FL 32168	900 MISSION RD NEW SMYRNA BEACH, FL 32168

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		P.O. BOX 1032	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: NEW SMYRNA BEACH FL	
Zip	Country	Zip 32170	Country VOLUSIA

4. FEI Number **59-3432663** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PICKETT, PAUL M
900 MISSION RD
NEW SMYRNA BEACH, FL 32168

7. Name and Address of New Registered Agent

Name MARY SUE PICKETT
Street Address (P.O. Box Number is Not Acceptable) 1333 WAYNE AVE
City NEW SMYRNA BEACH **FL** Zip Code 32168

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 MARY SUE PICKETT Pres. Mary Sue Pickett, Pres. 4/10/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PICKETT, PAUL M 794 MISSION RD NEW SMYRNA BEACH, FL 32168	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST PICKETT, MARY S 794 OLD MISSION RD NEW SMYRNA BCH, FL 32168	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1333 WAYNE AVE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mary Sue Pickett MARY SUE PICKETT 4/10/03 386-457-5532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)