

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000038293**

1. Entity Name

SUNCOAST AQUACULTURE, INC.**FILED**
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90021 006 ***150.00

0549296

Principal Place of Business
**10202 E. TRAILS END ROAD
FLORAL CITY FL 34436
US**

Mailing Address
**P.O. BOX 959
FLORAL CITY FL 34436**

A0006345

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3443564		☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PERSYN, HARVEY O 10202 EAST TRAILS END ROAD FLORAL CITY FL 34436		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	PERSYN, HARVEY O.	NAME	
STREET ADDRESS	10202 E. TRAILS END ROAD	STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL	CITY-ST-ZIP	
TITLE	SV	TITLE	☐ Change ☐ Addition
NAME	PERSYN, AMBER L.	NAME	
STREET ADDRESS	10202 E. TRAILS END ROAD	STREET ADDRESS	
CITY-ST-ZIP	FLORAL CITY FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARVEY O. PERSYN**1-10-01**

Date

352-860-1985

Daytime Phone #

CR2E034 (10/00)