## 2000 UNIFORM BUSINESS REPORT (UBR)

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## DOCUMENT # P97000079473 Jun 28, 2000 8:00 am 1. Entity Name Secretary of State GENE'S SEAFOOD WEST, INC. 06-28-2000 90001 006 \*\*\*150.00 Principal Place of Business Mailing Address 7457 #6 103 STREET 7457 #6 103 STREET JACKSONVILLE FL 32210-7135 JACKSONVILLE FL 32210 ~~002~A 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3465313 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RADY, MITCHELL J Street Address (P.O. Box Number is Not Acceptable) 7457 #6 103 STREET JACKSONVILLE FL 32210 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE Delete RADY, MITCHELL J NAME STREET ADDRESS 1721 SEABREEZE AVE STREET ADDRESS CITY-ST-ZIP... CITY-ST-ZIP JAX BEACH FL 32250 ☐ Change Addition TITO F Delete TITLE .... RADY, THOMAS L NAME NAME: 411 DAVIS STREET STREET ADDRESS STREET ADDRESS and the state of t Jught of the CITY-ST-71P . CITY-ST-ZIP NEPTUNE BEACH FL 32266 ☐ Addition TITLE ☐ Delete TITLE CHAVIS, MICHAEL P CHAVIS, MICHAEL P NAME NAME 453 DAVIS STORET 521 PINE ST STREET ADDRESS STREET ADDRESS NEOTURS OCAL, CL 32266 CITY-ST-ZIP CITY-ST-ZIP NEPTUNE BEACH FL 32266 Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete .... TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Deleta NAME NAME STREET ADDRESS STREET ADORESS 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)(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 Block 12 if changed, or on an attachment with an address, with all other like empowered. SERV GIMES OFFICER OR DIRECTOR

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