FILED
May 07, 2003 8:00 am
Secretary of State
05-07-2003 90168 033 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091413

1. Entity Name Island Seafood Market & Eatery D/B/A Island City Fish Market & Eatery 11711 o/s Hwy Marathon 33050

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11711 os/ Hwy	Po Box 510851
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Marathon FL	City & State Key Colony Bch FL
Zip 33050 Country USA	Zip 33051 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0792952 | Applied For | Not Applicable

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 Kurt Joseph

Street Address (P.O. Box Number is Not Acceptable) 421 60th St Gulf

City Marathon FL Zip Code 33050

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 [signature] Kurt Joseph 5/1/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	Owner	TITLE	
NAME	Kurt Joseph	NAME	
STREET ADDRESS	Po Box 510851	STREET ADDRESS	
CITY - ST - ZIP	Key Colony Bch FL 33051	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034B (12/02)

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

SIGNATURE: [signature] Kurt Joseph 5/1/03 305 481 4838

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #

STF FL32381F.1