8/7/01-90004-041-\$150.00-\$150.00 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9700092909 SECRETARY OF STATE DIVISION OF CORPORATIONS FILED CAPTAIN BRAD'S SEAFOOD, INC. 01 OCT 19 PM 6: 44 Principal Place of Business Mailing Address 4006 SHOAL LINE BLVD SPRING HILL FL 34607 4006 SHOAL LINE BLVD SPRING HILL FL 34607 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State.... City & State 4. FEI Number __ 59-3494967 __ Applied For_ . Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent BRADLEY, JAMES R SR. Street Address (P.O. Box Number is Not Acceptable) 6690 RICHARD DRIVE SPRING HILL FL 34607 City Zip Code FL 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS TIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11 11. 034 (10/00) TITLE Delete TITLE Addition BRADLEY, MELISSA NAME NAME 15405 PENNY CT STREET ADDRESS STREET ADDRESS SHADY HILLS FL 34601 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Change ☐ Delete BRADLEY, JAMES R JR. NAME NAME 6690 RICHARD DRIVE STREET ADDRESS STREET-ADDRESS SPRING HILL FL 34607 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE BRADLEY, JAMES R SR NAME NAME 6690 RICHARD DRIVE STREET ADDRESS STREET ADDRESS -017 CITY-ST-ZIP SPRING HILL FL 34607 CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ше ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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)(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 SIGNATURE: