2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000092909 **DOCUMENT #**

1. Entity Name

CAPTAIN BRAD'S SEAFOOD, INC.

changed, or on an attachment with

SIGNATURE:



FILED Mar 03, 2003 8:00 am Secretary of State 03-03-2003 90456 043 ***150.00

Daytime Phone #

Principal Place of Business 4006 SHOAL LINE BLVD SPRING HILL FL 34607 US 2. Principal Place of Business	Mailing Address 4006 SHOAL LINE BLVD SPRING HILL FL 34607 US 3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	,	CHECK HERE IF MAKING CHANGES
City & State	City & State	,	4. FEI Number 59-3494967 Applied For Not Applied by Not Applied For Not Applied by Not Applied b
Zip Country	Zip	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
BRADLEY, JAMES R SR. 6690 RICHARD DRIVE SPRING HILL FL 34607	·	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. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATUR			
<u> </u>		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
10. OFFICERS AND TITLE D NAME BRADLEY, MELISSA STREET ADDRESS 15405 PENNY CT CITY-ST-ZIP SHADY HILLS FL 34601	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME BRADLEY, JAMES R JR. STREET ADDRESS CITY-ST-ZIP BRADLEY, JAMES R JR. 6690 RICHARD DRIVE SPRING HILL FL 34607	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change , ☐ Addition
TITLE D NAME BRADLEY, JAMES R SR STREET ADDRESS 6690 RICHARD DRIVE SPRING HILL FL 34607	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 7	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Deborah CBradley Spring Hill Fl 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with	☐ Delete this filling does not qualify for t	TITLE NAME STREET ADDRESS CITY-ST-ZIP the exemption sta	Change ☐ Addition Change ☐ Addition Italian in Section 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an officer or director that the information is have the same legal effect as if made under oath; that I am an officer or director of the control of