2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000101697

1. Entity Name

SOUTHERN ROYAL SEAFOOD, INC.

Principal Place of Business

12481 66TH STREET NORTH
WEST PALM BEACH FL 33412

12481 66TH STREET NORTH
WEST PALM BEACH FL 33412 WEST PALM BEACH FL 33412-2073

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

City & State

FILED Apr 27, 2000 8:00 am Secretary of State

04-27-2000 90008 047 ***150.00



DO NOT WRITE IN THIS SPACE

			<u>-</u>				- Park Fra
City & State		City & State		4. FEI Number	65-0799028		oplied For ot Applicable
Zip	Country	Žíp	Country	5. Certificate of	of Status Desired	\$8.75 Ad	ditional
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Registers		
	or righte and reduced or early one		Name		<u> </u>		
WER	B, DEBBIE	00	Street Address (P.O. Box Number is Not Acceptable)				
	1 66TH STREET NORTH	Street Addres					
	T PALM BEACH FL 33412						
			City	<u> </u>		Zip Coo	e
			J Only	<u>. </u>		Zip Coo	
8. The above r	named entity submits this statement fo	or the purpose of changing	its registered office or regis	stered agent, or both	, in the State of Florida.		
SIGNATURE _					DAT		
	Signature, typed or printed name of registered agent	and title if applicable. (N	OTE: Registered Agent signature req	uired when reinstating)			
	ration is eligible to satisfy its Intangible	W!!! FEE IS \$150.00	10. Elec	tion Campaign Financing	\$5.0	O May Be	
			2000 Fee will be \$550.0 able to Department of t	0.00 Trust Fund Contribution. Add			to Fees
<u> </u>					NAMED TO OFFICE DO A	ND DIDECTOR	C (NL 11
11.	PD OFFICERS AND		12.	ADDITIONS/C	CHANGES TO OFFICERS A	Change	Addition
TITLE NAME	WEBB, DEBBIE	☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS	12481 66TH STREET NORTH		STREET ADDRESS				
CITY-ST-ZIP	WEST PALM BEACH FL 33412		CITY-ST-ZIP				
TITLE	TEOT TABLE DEFORT TE GOTTE	Delete	TITLE			☐ Change	Addition
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STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP		_	-CITY-ST-ZIP		<u> </u>		
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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 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

, 4-

5617537942

Daytime Phone #

CHZEU34 (9/9)