

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90052 020 \*\*\*150.00

**DOCUMENT # P98000016345**

**1. Entity Name**  
**SANTA FE MARICULTURE, INC.**

**Principal Place of Business**

**8225 CAPEWELL COURT  
 SEBASTIAN FL 32958**

**Mailing Address**

**P.O. BOX 475  
 ROSELAND FL 32957**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

**8225 CAPEWELL COURT**

Suite, Apt. #, etc.

**SEBASTIAN FL.**

**32958**

**USA**

**4. FEI Number**

**59-3501855**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



**6. Name and Address of Current Registered Agent**

**O'HARA, CONSTANCE  
 8225 CAPEWELL COURT  
 SEBASTIAN FL 32958**

**7. Name and Address of New Registered Agent**

Name **CONSTANCE CLOWDUS**

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.**

SIGNATURE **CONSTANCE CLOWDUS**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.**  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

**10. Election Campaign Financing  
 Trust Fund Contribution.** ☐

**\$5.00 May Be  
 Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **O'HARA, CONSTANCE**  
 CITY-ST-ZIP **P.O. BOX 475  
 ROSELAND FL 32957**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **CLOWDUS, DAVID**  
 CITY-ST-ZIP **P.O. BOX 475  
 ROSELAND FL 32957**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☒ Change ☐ Addition  
 NAME **CONSTANCE CLOWDUS**  
 STREET ADDRESS **8225 CAPEWELL COURT**  
 CITY-ST-ZIP **SEBASTIAN, FL. 32958**

TITLE ☒ Change ☐ Addition  
 NAME **8225 CAPEWELL COURT**  
 STREET ADDRESS **SEBASTIAN, FL. 32958**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 line empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED CONSTANCE CLOWDUS**

**772-388-0565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E034 (9/01)