

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000058453

1. Entity Name
GULFSTREAM SEAFOOD ENTERPRISES, INC.

Principal Place of Business
111 S. MOODY AVENUE
TAMPA FL 33609

Mailing Address
111 S. MOODY AVENUE
TAMPA FL 33609

2. Principal Place of Business
109 North Brush St
Suite, Apt. #, etc.
STE 500

3. Mailing Address
109 North Brush ST
Suite, Apt. #, etc.
STE 500

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33601

Country
US

Zip
33601

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3564196

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANNELLA, NORMAN S
111 S. MOODY AVENUE
TAMPA FL 33609

Name
Cannella, Norman S
Street Address (P.O. Box Number is Not Acceptable)
109 North Brush St
STE 500
City
Tampa, FL Zip Code
33601

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 *Norman S. Cannella*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE *4/25/01*

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS UNDOF, JEFFREY D
CITY-ST-ZIP 111 SOUTH MOODY AVENUE
TAMPA FL 33609

TITLE ☒ Change ☐ Addition
NAME Secretary; Treasurer
STREET ADDRESS 109 North Brush St
CITY-ST-ZIP Tampa, FL 33601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

25 Apr 01
Date

Daytime Phone #

CR2E034 (10/00)