## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P98000061230 TODAY'S FRESH CATCH, INC. 04-26-2001 90273 018 \*\*\*150.00 Mailing Address Principal Place of Business 9830 U.S. HIGHWAY 19 9830 U.S. HIGHWAY 19 PORT RICHEY FL 34668 PORT RICHEY FL 34668 Principal Place of Business 3. Mailing Address 7106 M Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0852902 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLINGENSMITH, THOMAS G O Box Number is Not Acceptable) 9830 U.S. HIGHWAY 19 PORT RICHEY FL 34668 na its realistered office or FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VP + Sec. Addition | ☐ Change TITLE ☐ Delete TITLE KLINGENSMITH, THOMAS G GIESE, DEBORAH NAME 9830 U.S. HIGHWAY 19 STREET ADDRESS Tyler Ave STREET ADDRESS PORT RICHEY FL 34668 CiTY-ST-ZIF CITY-ST-7:P Delete ☐ Change ☐ Addit on TITLE TOTAL KLINGENSMITH, WENDY S NAME 9830 U.S. HIGHWAY 19 STREET ADDRESS STREET ACORESS CITY-ST-ZIP PORT RICHEY FL 34668 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Change Acdition ☐ Delete TIT: F TITLE NAME STREE! ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CHY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby cortify 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 findinged, or on an attachment with an address, with all other like empowered.

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SIGNATURE: Thomas G. Klingersmith Thomas & What of Grant Many 1 18 -01 (727) 359-7640 Cel