

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066783

1. Entity Name

ATLANTIC SEAFOOD CO. OF NAPLES, INC.

FILED

Apr 16, 2001 8:00 am  
Secretary of State

04-16-2001 90057 024 \*\*\*150.00

Principal Place of Business

Mailing Address

5317 AIRPORT PULLING RD N  
NAPLES FL 34103

5317 AIRPORT PULLING RD N  
NAPLES FL 34103

00043140

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3534108

Applied For

Not Applicable

Zip 34109

Country

Zip 34109

Country

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

LEBLANC, BARRY  
355 4TH AVE S  
NAPLES FL 34102

Name

Street Address (P.O. Box Number is Not Acceptable)

2705 RIVERVIEW DRIVE

City NAPLES

FL

Zip Code 34112

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

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, 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 PD  
NAME LEBLANC, BARRY C  
STREET ADDRESS 355 4TH AVE. S.  
CITY-ST-ZIP NAPLES FL 34102 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2705 RIVERVIEW DRIVE  
CITY-ST-ZIP NAPLES FL 34112

TITLE VD  
NAME LEBLANC, JUDITH  
STREET ADDRESS 38 SHADY REST RD.  
CITY-ST-ZIP EASTON MA 02356 ☐ Delete

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)