

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90739 007 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000084581

1. Entity Name
**CAPTAIN BELL'S SEAFOOD OF FRUITLAND PARK,
INC.**



Principal Place of Business
1684 RIDEOUT FERRY ROAD
MIDDLEBURG, FL 32068

Mailing Address
4417 BEACH BLVD
STE 104 BROWARD BLDG
JACKSONVILLE, FL 32207 US

90122959



☐ CHECK HERE IF MAKING CHANGE(S)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3541244

Applied For

Not Applicable

Zip

Country

Zip

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

ROTHSTEIN, SIMON D ESQ
4417 BEACH BLVD., STE. 104
JACKSONVILLE, FL 32207

Name

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent's signature required when resigning)

DATE

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BELL, ROLAND R
STREET ADDRESS 164 RIVERWOOD TERRACE
CITY-ST-ZIP ORANGE PARK, FL 32003 ☐ Delete

TITLE V
NAME BELL, KATHY L
STREET ADDRESS 164 RIVERWOOD TERRACE
CITY-ST-ZIP ORANGE PARK, FL 32003 ☐ Delete

TITLE STD
NAME FELLOWS, DAN R
STREET ADDRESS 1084 RIDEOUT FERRY ROAD
CITY-ST-ZIP MIDDLEBURG, FL 32068 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Roland Bell Roland Bell

4/28/03

904-272-2285

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CFR2E034 (10/02)