

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**  
 05-15-2000 90285 027 \*\*\*150.00

DOCUMENT # **PA8000088668**  
 1. Entity Name **FLORIDA SEAFOODS INC.**

Principal Place of Business **3522 LISMORE DRIVE  
LAKELAND, FL. 33803**  
 Mailing Address **P.O. BOX 7715  
LAKELAND, FL. 33806**

**A8053684**

2. Principal Place of Business **3522 LISMORE DRIVE**  
 Suite, Apt. #, etc.  
 3. Mailing Address **P.O. BOX 7715**  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **LAKELAND, FLORIDA**  
 Zip **33803** Country  
 City & State **LAKELAND, FL.**  
 Zip **33806** Country

4. FEI Number **05-0872811**  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**THOMAS D. GHENT**  
**3522 LISMORE DRIVE**  
**LAKELAND, FL. 33803**

7. Name and Address of New Registered Agent  
 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.

SIGNATURE  **3.27.2000**  
 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, 2000 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	<b>PRESIDENT SEC/TREAS</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS D. GHENT JR.</b>	
STREET ADDRESS	<b>3522 LISMORE DRIVE</b>	
CITY-ST-ZIP	<b>LAKELAND, FLA. 33803</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **4-26-2000 (813) 644-4725**  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)