

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P.O. Box 6846-34611*
1. Entity Name *Spring Hill, FL 34611*
0040000 352382
Scott Seafood Inc.

Principal Place of Business
Mailing Address
P.O. Box 6846-34611
Spring Hill, FL
34611

2. Principal Place of Business
5068 Panther Dr.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.
City & State
Spring Hill, FL

City & State
Zip
34607
Country

6. Name and Address of Current 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
 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	<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	
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	<i>Pres</i>
STREET ADDRESS	<i>Thomas Pelton</i>
CITY-ST-ZIP	<i>6 Dogwood Dr.</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>T</i>
STREET ADDRESS	<i>Scott Beach</i>
CITY-ST-ZIP	<i>5068 Panther Dr.</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>Spring Hill, FL</i>
CITY-ST-ZIP	<i>34607</i>
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: *Tom Pelton* - Tom Pelton *4/29/00 352 382 3423*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 17, 2000 8:00 am
Secretary of State
 05-17-2000 90958 045 ***150.00

A0061065

DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)