FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2002 8:00 am Secretary of State **DOCUMENT #** P98000097913 1. Entity Name 02-06-2002 90080 010 ***150.00 INDIAN RIVER SHELLFISH FARM, INC. Principal Place of Business Mailing Address 1720 OVERLAKE AVE. 1720 OVERLAKE AVE. ORLANDO FL 32806-7132 ORLANDO FL 32806-7132 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3545269 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEWART, JOHN N Street Address (P.O. Box Number is Not Acceptable) 1720 OVERLAKE AVE. ORLANDO FL 32806-7132 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STEWART, JOHN N STREET ADDRESS 1720 OVERLAKE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32806-7132 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SUPPLIES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Tanuay 21, 02 Daytime Phone of