

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90007 034 ***150.00

DOCUMENT # P98000099706

1. Entity Name

INTERNATIONAL SEAFOOD OF SOUTH FLORIDA, INC.

Principal Place of Business

**1846 CR 479
 LAKE PANASOFFKEE FL 33538**

Mailing Address

**1846 CR 479
 LAKE PANASOFFKEE FL 33538**

2. Principal Place of Business

2020 CR 470

3. Mailing Address

P.O. Box 547

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sumterville FL

City & State

Bushnell, FL

Zip

33585

Country

USA

Zip

33513

Country

USA

4. FEI Number

59-3292646

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MONTGOMERY, S E

1846 CR 479

LAKE PANASOFFKEE FL 33538

7. Name and Address of New Registered Agent

Name **S. E. MONTGOMERY** (Address Change)

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

1016 CR 416 N

City

LAKE PANASOFFKEE

FL

Zip Code

33538

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.

S.E. MONTGOMERY / SECRETARY

(NOTE: Registered Agent signature required when re-registering)

DATE

4-18-02

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, 2002 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 **PD** ☐ Delete
 NAME **BRAMAN, WILLIAM S**
 STREET ADDRESS **7058 FISH CREEK RD**
 CITY-ST-ZIP **WEST PALM BEACH FL 33411**

TITLE **STD** ☐ Delete
 NAME **MONTGOMERY, S.E.**
 STREET ADDRESS **1846 CR 479**
 CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **BRAMAN, WILLIAM S.** (Address)
 STREET ADDRESS **12020 CR 470**
 CITY-ST-ZIP **SUMTERVILLE, FL 33585**

TITLE **STD** ☒ Change ☐ Addition
 NAME **MONTGOMERY, S.E.** (Address)
 STREET ADDRESS **1016 CR 416 N**
 CITY-ST-ZIP **LAKE PANASOFFKEE, FL 33538**

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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:

S.E. MONTGOMERY / TREASURER 4-18-02 (352) 93-4975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)