

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 Mailing Address
1846 CR 479 **1846 CR 479**
LAKE PANASOFFKEE FL 33538 **LAKE PANASOFFKEE FL 33538**

2. Principal Place of Business 3. Mailing Address
2020 CY 470 **P.O. Box 547**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Sumterville FL **BUSHNELL, FL**
 Zip Country Zip Country
33585 **USA** **33513** **USA**

4. FEI Number Applied For
59-3292646 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 **S.E. Montgomery** **S.E. MONTGOMERY / SECRETARY** **4-18-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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 NAME STREET ADDRESS CITY-ST-ZIP	PD BRAMAN, WILLIAM S 7058 FISH CREEK RD WEST PALM BEACH FL 33411 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MONTGOMERY, S.E. 1846 CR 479 LAKE PANASOFFKEE FL 33538 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Braman, William S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12020 CR 470 (Address) Sumterville, FL 33585
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MONTGOMERY, S.E. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1016 CR 416 N (Address) Lake Panasoffkee, FL 33538
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** **S.E. MONTGOMERY / TREASURER** **4-18-02** **(352) 93-4975**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)