2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Feb 01, 2000 8:00 am Secretary of State DOCUMENT # P99000013398 FISH MONGER OF THE KEYS, INC. 02-01-2000 90108 018 ***150.00 Principal Place of Business Mailing Address 4590 OVERSEAS HIGHWAY 4590 OVERSEAS HIGHWAY MARATHON FL 33050-2332 MARATHON FL 33050 Principal Place of Busines DO NOT WRITE IN THIS SPACE Suite, Apt..#, etc Suite, Apt. #, etc. LARATHON Applied For City & State City & State 65-0897872 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired 305 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MANSON, FRANK J Street Address (P.O. Box Number is Not Acceptable) 4590 OVERSEAS HIGHWAY MARATHON FL 33050 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. MANSON (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 Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 - ----Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, DRESIDEAT ☐ Change Addition TITLE ☐ Delete TITLE FRANK J. MANSON NAME NAME 4590 OVERSEAS HUY STREET ADDRESS STREET ADDRESS MARATHON FL. 33050 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete SEC. - TRES. TITLE MARGARET MANSON NAME NAME STREET ADDRESS STREET ADDRESS 4596 OVERSEAS HWY SA LEXINO CITY-ST-ZIP 11 CITY-ST-ZIP MARATHON FL. 33050 ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TÍTLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP, . ☐ Change Addition TITLE OTHTLEMESSESSES estime A NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13.: I hereby certify that the information supplied with this filling 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

FILED