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2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 13, 2000 8:00 am Secretary of State DOCUMENT # P99000041:571 1. Entity Name TITUSVILLE SEAFOOD, INC. 06-13-2000 90009 016 ***150.00 Principal Place of Business Mailing Address 4700 S. WASHINGTON AVE 4700 S. WASHINGTON AVE TITUSVILLE FL 32780-7305 TITUSVILLE FL 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State Not Applicable ゟ゙゚9・35つフみ4つ Ζiρ Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Theo <u>Sims</u> Street Address P.O. Box Number is Not Acceptable) SIMS, THEO P 3915 AURANTIA ROAD MIMS FL 32754 Zip Code **3**み796 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 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, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Sims Theo P Addition ☐ Delete TITLE TITLE 880 N. Carpenter Rd SIMS, THEO P NAME STREET ADDRESS STREET ADDRESS 3915 AURANTIA RD Titus Uille, Fl. 32796 CITY-ST-ZIP CITY-ST-ZIP MIMS FL 32754 ☐ Delete Change
Ch Addition TITLE Jims, John M. 880 N. Carpenter Rd. SIMS, JOHN M NAME STREET ADDRESS STREET ADDRESS 3915 AURANTIA RD Titysuille, F1. 32796 CITY-ST-ZIP CITY-ST-ZIP MIMS FL 32754 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/25/00 Daytime Pr