FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE: (

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT#** P9900004193 1. Entity Name 02 OCT 31 AM 8:01 INDERS FRESH FISH & LOBSTER DO NOT WRITE IN THIS SPACE 300008732963 10/31/02-01099--006 **158.75 Entral Aux CENTRAL ALL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State CLSSIANMER Applied For -ISSIMMEE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name TEVEN DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE FL 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. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible January 1 - May 1 Fee is \$150.00 Tax filing requirement and elects to do so. After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be (See criteria on back) Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS P/T/S/m TITLE TITLE NAME James R. Hackey JR. NAME STREET ADDRESS 3865 FOREST CITCLE STREET ADDRESS CITY-ST-7IP ST. Cloud Fl. 34772 CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DO NOT WRITE CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CATY-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 attachment with an address, with all other like empowered. It is report as required by Chapter 607. Florida Statutes; and that my name appears in Block 11 or on an attachment with an address.

HACHEY JR. 10/30/02

	10/30/02
To:	DIVISION OF CORPORATIONS 409 EAST GAINES STREET
V :	409 EAST GAINES STREET
<u> </u>	TAllahassee, Fl. 32399
FRom	JAMES HACKEY
	Pounders Fresh FISH & LOBSTER HOUSE INC,
·	12-13 North Central AVE.
- · · · · · · · · · · · · · · · · · · ·	KISSIMMEE, Fl. 34741
	
	DEAR SICS/MADAM,
• - • - • - •	
**************************************	Enclosed is my CHEEK FOR \$158.75.
	150, plus 8,75 FOR Certificate of STATIS FOR
	TOUNDAIS_FRESH HISH + LOBSTER HOUSE INC.
	BRIES DE TO TO PECEIVE OUR UNIFORM
	BUSINESS REPORT for this YEAR. PRASE ACCEPT
	AND CENTIFICATE OF STATES.
	BOST REGARDS
	Proj Project
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