2001 UNIFORM BUSINESS REPORT (UBR)

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

May 11, 2001 8:00 am Secretary of State DOCUMENT # **P99000048033** 1. Entity Name SEA MAR SHRIMP, INC. 05-11-2001 90058 011 ***150.00 Principal Place of Business Mailing Address 2044 BARCELONA WAY S. 2044 BARCELONA WAY S. ST. PETE FL 33712 ST. PETE FL 33712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3577342 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 1. *1*8. 19 V.S.A. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REGISTERED CORPORATE AGENTS, INC. BO. Box Number is Not Ac 612 S. GREENWOOD AVE **CLEARWATER FL 33756** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both. SIGNATURE Bemaclette 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. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PS 3R2E034 (10/00) TITLE Delete TITLE ☐ Change Addition NAME BOUDREAU, STEVEN S NAME STREET ADDRESS STREET ADDRESS 2044 BARCELONA WAY S. CITY-ST-ZIP CITY-ST-ZIP ST. PETE FL 33712 Addition TITLE Delete TITLE Change NAME BOUDREAU, BERNADETTE A STREET ADDRESS STREET ADDRESS 2044 BARCELONA WAY S. CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33712 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIE 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

ATURE: Steven & Brichague Steven S. Bouckeau 4/28/01 (727)866-1639
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date Date Pronc #