

FILED  
Apr 14, 2003 8:00 am  
Secretary of State

04-14-2003 90937 009 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #P99000048035</b>					
1. Entity Name <b>SEAFOOD EXPRESS &amp; MORE, INC.</b>					
Principal Place of Business 9349 N. MAIN ST. JACKSONVILLE, FL 32218			Mailing Address 9349 N. MAIN ST. JACKSONVILLE, FL 32218		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>59-3581385</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>KASSEES, ROMAL A 9349 N. MAIN ST. JACKSONVILLE, FL 32218</b>			7. Name and Address of New Registered Agent Name <b>CHARLEY S. AKEL</b> Street Address (P.O. Box Number Is Not Acceptable) <b>9349 NORTH MAIN STREET</b> City <b>JACKSONVILLE</b> FL Zip Code <b>32218</b>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  <b>Charley AKEL</b>				DATE <b>3-11-03</b>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE <b>PT</b> <input type="checkbox"/> Delete NAME <b>AKEL, CHARLEY S</b> STREET ADDRESS <b>9349 N. MAIN ST.</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32218</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <b>S</b> <input checked="" type="checkbox"/> Delete NAME <b>HASSAN, ABRAHAM A</b> STREET ADDRESS <b>9349 N. MAIN ST.</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32218</b>			TITLE <b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>ROMAL A. KASSEES</b> STREET ADDRESS <b>9349 N. MAIN STREET</b> CITY-ST-ZIP <b>JACKSONVILLE, FLA 32218</b>		
TITLE <b>AS</b> <input type="checkbox"/> Delete NAME <b>HASSAN, ABRAHAM A</b> STREET ADDRESS <b>9349 NORTH MAIN STREET</b> CITY-ST-ZIP <b>JACKSONVILLE, FL 32218</b>			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  <b>Charley AKEL</b>				DATE <b>4-11-03</b> (904) 51-7010	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

CR2E034 (10/02)