2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000068842

1. Entity Name

ST. MARKS SEAFOOD, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State
04-20-2000 90039 045 ***150.00

Principal Place of Business	Mailing Address
% RICHARD A. GLOVER 2375 CENTERVILLE ROAD TALLAHASSEE FL 32308	P.O. BOX 12612 TALLAHASSEE FL 32317-2612

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
~~200~~ 71 Riverside	Post Office Box 246
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Marks, Florida	City & State: St. Marks, Florida
Zip: 32355 / Country:	Zip: 32355 / Country:

4. FEI Number: 59-3596745 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GLOVER, RICHARD A 2375 CENTERVILLE ROAD TALLAHASSEE FL 32308	Name: Phillip Tooke Street Address (P.O. Box Number is Not Acceptable): 200 Riverside City: St. Marks FL Zip Code: 32355

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: Philip D Tooke Phillip Tooke 4/3/00
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 Tax filing requirement and elects to do so. *(See criteria on back)* ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOKE, PHILLIP P.O. BOX 246 ST. MARKS FL 32355	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOKE, RICHARD P.O. BOX 246 ST. MARKS FL 32355	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Philip D Tooke Phillip Tooke 4/3/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #