DCUMENT # QQQ intity Name	<i>U</i> :	FILED Jul 21, 2000 8:00 ar						
DIANA'S SHRIMP BO		Secretary of State						
3 CAPRI BLUD PLES FL 34113		06-2	2-2000 90050 0	43 ***150.00				
incipal Place of Business	3. Malling Address	3. Malling Address						
uite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
y & State	City & State		4. FE! Numt 59 ~ 3	4. FEI Number Apr 59 ~ 3591514 INOT				
Country	Zip	Country		e of Status Desired	S8.75 Add	ditional		
8. Name and Address of Curre	nt Registered Agent		- 7. Name an	d Address of New Reg	Intered Agent			
		Street A	Name DIANA NITSCHE Street Address (P.O. Box Number is Not Acceptable)					
	,	044	03 CAPRI	<u>840</u>				
			NAPLES		FL Zip Code 34 II			
e above named entity submits this statement	for the purpose of changing it	s registered office or	ाच्युडिश्जिस्ट स्यूसीति, का कर	រភា ុកា បាម ៈនិរមរថ ល ាល់កំប៉	â			
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DOCU 1. Entity Name	MENT # P990000 S's shrimp boat, inc.		RT (UB	R)	.					
Principal Plac			60000							
203 CAPRI BLVD NAPLES FL 34113		550 ST ANDREWS BLVD NAPLES FL 34113			308602					
2. Principal P	Place of Business	3. Mailing Address 203 CAPRI (3LVD		•					
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & Stat			RIDA		4. FEI Number 59 - 3591514			Applied For Not Applicable]
Zip		Zip	_Country	احدث		ite of Status Desired		8.75 Add	ditional ——	ا ء ۔۔
	6. Name and Address of Current R	34113	USA			nd Address of New	F(ee Require	d	-
985	BSTER, RONALD S N COLLIER BLVD RCO ISLAND FL 34145		70		O, Box Num	TSCHE. ber is Not Acceptab CIRCLE	FL	Zip Cod	ie.	
SIGNATURE .	snamed entity submits this statement for the sta	title if applicable. (NOTE:	Registered Agent signs	sture required w	hen reinstating)	ooth, in the State of F	7/13/1		00 May Be	
(See criter	requirement and elects to do so.	After SEPTEMBER 13 Make Check Payable	to Departmen		<u> </u>	frust Fund Contributi		Added	d to Fees	
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indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with the content of the content with t	rue and accurate and that my rered to execute this report as	signature shall	have the sa	ıme legal eff	ect as if made under	oath; that I am	an officer	or director	
SIGNAT	URE: SCHOTLU	TE PURIL VTED NAME OF SIGNING OFFICER OF	EPVS DIRECTOR		 -	7/13/00	(941)	394 - ime Phone #	0252	

P9900068965(Attachmed).

DIANA ADIANA'S SHRIMP BOAT INC. 203 CAPRI BLVD NAPLES FL 34113

NAPIES, 6/15/00

DEAR SIRS:

WE RECENTLY REDUESTED A BLANK FORM 201. COR PROFIT A/R FROM YOUR OFFICE SINCE WE NEVER RECEIVED A PREPRINTED FORM WHILE FILLING OUT, I NOTICED THAT THE FILING FEE AFTER MAY I, IS \$ 550.

SINCE WE NEVER RECEIVED A FORM FROM YOU BEFORE THAT DEADLINE, WOULD IT BE POSSIBLE TO WAIVE THE PENALTY?

WE WOULD VERY MUCH APPRECIATE IT.

DIANA MITSCHE