

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000087675**

1. Entity Name  
**ISLAND GOURMET SEAFOOD MARKET INC.**

**FILED**  
**Feb 18, 2000 8:00 am**  
**Secretary of State**

02-18-2000 90107 014 \*\*\*158.75

Principal Place of Business: **763 S.W. ALTON CIRCLE**  
ST. LUCIE FL 34953

Mailing Address: **763 S.W. ALTON CIRCLE**  
PORT ST. LUCIE FL 34953-2619

2. Principal Place of Business: **4328 NE Ocean Drive**  
Suite, Apt. #, etc. **Jensen Beach, FL**  
City & State

3. Mailing Address: **763 SW. Alton Circle**  
Suite, Apt. #, etc. **Port St. Lucie FL**  
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number: **650951313** Applied For:  Not Applicable:

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

Zip: **34957** Country: **USA** Zip: **34953** Country: **USA**

6. Name and Address of Current Registered Agent  
**CHUSTZ, CATHERINE L**  
**763 S.W. ALTON CIRCLE**  
**PORT ST. LUCIE FL 34953**

7. Name and Address of New Registered Agent:  
Name: \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
City: \_\_\_\_\_ **FL** Zip Code: \_\_\_\_\_

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: *Catherine A. Chustz* DATE: **1/28/2000**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<b>D</b>	<b>CHUSTZ, CATHERINE L</b>	<b>763 S.W. ALTON CIRCLE</b> <b>PORT ST. LUCIE FL 34953</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Catherine A. Chustz* DATE: **1/20/2000** DAYTIME PHONE #: **561871-9019**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)