

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2001 8:00 am
Secretary of State

08-17-2001 90002 022 ***550.00

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 AV

DOCUMENT # S97861

1. Entity Name
SOUTHERN SEAFOOD MARKETING, INC.

Principal Place of Business
**1415 TIMBERLANE RD
 TALLAHASSEE FL 32312**

Mailing Address
**1415 TIMBERLANE RD
 TALLAHASSEE FL 32312**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3100898**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**EASTERLING, MARK S.
 1415 TIMBERLANE RD
 TALLAHASSEE FL 32312**

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 *Mark Easterling (Pres)*

(NOTE: Registered Agent signature required when reinstating)

8/13/01

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **DV**
 NAME **EASTERLING, MARK S.**
 STREET ADDRESS **3648 HARPERS FERRY CT 7336 0x Bow Circle**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

☐ Delete

TITLE **Mark Easterling Pres**
 NAME **7336 0x Bow Circle**
 STREET ADDRESS **Tallahassee FL 32312**
 CITY-ST-ZIP

☒ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/01

Date

880 893-7301

Daytime Phone #

CR2E034 (5/01)