

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-14-2003 90194 003 ***150.00

DOCUMENT # V52493

1. Entity Name
BUSCH'S SEAFOOD CORP.



Principal Place of Business
3101 N. FEDERAL HWY
FT. LAUDERDALE FL 33306
US

Mailing Address
840 EAST ATLANTIC AVENUE
DELRAY BEACH FL 33483

2. Principal Place of Business
840 E. ATLANTIC AVE.
Suite, Apt. #, etc.

3. Mailing Address
840 E. ATLANTIC AVENUE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
DELRAY BEACH, FLORIDA
Zip
33483
Country
U.S.A.

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DELRAY BEACH, FLORIDA
Zip
33483
Country
U.S.A.

4. FEI Number **65-0362203**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRANSCOMBE, RON
840 E ATLANTIC AVE.
DELRAY BEACH FL 33483

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **BRANSCOMBE, RON**
STREET ADDRESS **840 EAST ATLANTIC AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **VSD** ☐ Delete
NAME **BRANSCOMBE, IVA**
STREET ADDRESS **840 EAST ATLANTIC AVENUE**
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)