

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90323 024 ***150.00

DOCUMENT # P94000065151

1. Entity Name

OCEAN FRESH SEAFOOD, INC.

Principal Place of Business

Mailing Address

**19669 INDIAN MOUNDS DRIVE
 SUGARLOAF KEY FL 33042
 US**

**19669 INDIAN MOUNDS DRIVE
 SUGARLOAF KEY FL 33042
 US**

2. Principal Place of Business

8800 5 OVERSEAS HWY

3. Mailing Address

8800 5 OVERSEAS HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ISLAMORADA, FL

City & State

ISLAMORADA, FL

4. FEI Number

65-0550408

Applied For

Not Applicable

Zip

Country

33036

US

Zip

Country

33036

US

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

**GREGG, MARK H
 100360 OVERSEAS HIGHWAY
 KEY LARGO FL 33037**

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

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, 2001 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	D <input type="checkbox"/> Delete
NAME	ALBERTS, GARRETT G
STREET ADDRESS	19669 INDIAN MOUNDS DRIVE
CITY-ST-ZIP	SUGARLOAF KEY FL 33462
TITLE	D <input type="checkbox"/> Delete
NAME	ALBERTS, KAREN J
STREET ADDRESS	19669 INDIAN MOUNDS DRIVE
CITY-ST-ZIP	SUGARLOAF KEY FL 33462
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8800 5 OVERSEAS HWY
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	8800 5 OVERSEAS HWY
CITY-ST-ZIP	ISLAMORADA, FL 33036
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Karen J Alberts
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-01 (305) 509-0861
 Date Daytime Phone #

CR2E034 (10/00)

1252