## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **L80848**

1. Entity Name

FLORIDA KEYS FLY FISHING SCHOOL & OUTFITTERS, IN



## FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90089 038 \*\*\*150.00

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Business NWY 1036	P.O. BXO ISLAMOR	603 ADA FL 33036		.~ .		818/1 818/1 818/1 818/1	-
of Business	3. Mailing	Address			* 100/101/ 50% 10/16 00/101 (01/16 01/01) 10/16	BABAL PAGA BABAL BABAL I	HBJI BÍBÍI IJJI
Suite, Apt. #, etc. Suite, Apt. #, etc.					☐ CHECK HERE IF MA	: AKING CHANGES	•
City & State Ci					4. FEI Number 65-0201554		pplied For ot Applicable
Country	Zip		Country		5. Certificate of Status Desired	\$8.75 Ad	ditional
Name and Address of Current	Registered A	gent			7. Name and Address of New Regist		
			Name				
MORET, SANFORD W. 81888 OVERSEAS HWY			Street	Address (P	<u> </u>		
FL 33036							
			City	,	<del>,</del>	FL Zip Coo	le
NOW!!! FEE IS \$150.00	and title if applicable	e. (NOTE: F	Registered Agent signs	ture required v		21/03 DATE	00 May Be
able to Florida Department o			_		Trust Fund Contribution.	☐ Adde	d to Fees
OFFICERS AND	DIRECTORS				ADDITIONS/CHANGES TO OFFICERS		
RET, SANFORD W. 88 OVERSEAS HWY MORADA FL		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
RET, SANFORD W. 88 OVERSEAS HWY MORADA FL		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	į		☐ Change	☐ Addition
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	Country  Name and Address of Current  ORD W.  AS HWY FL 33036  Ed entity submits this statement for registered agent.  NOW!!! FEE IS \$150.00  1, 2003 Fee will be \$550.00  able to Florida Department of OFFICERS AND  RET, SANFORD W.  88 OVERSEAS HWY  MORADA FL  RET, SANFORD W.  88 OVERSEAS HWY  MORADA FL	P.O. 8XO ISLAMOR US  Of Business  3. Mailing City & S  Country  Zip  Name and Address of Current Registered A  ORD W. EAS HWY FL 33036  In a control of the city agent and title if applicable to Florida Department of State  OFFICERS AND DIRECTORS  RET, SANFORD W. BS OVERSEAS HWY MORADA FL  RET, SANFORD W. BS OVERSEAS HWY MORADA FL	P.O. BXO 603 ISLAMORADA FL 33036 US  Of Business  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Zip  Name and Address of Current Registered Agent  ORD W. CAS HWY FL 33036  Identity submits this statement for the purpose of changing its refregistered agent.  W. CAS HWY FL 33036  INDUSTRIES STEED TO THE PURPOSE OF CHANGING ITS RETRIBUTED TO THE PUR	P.O. BXO 603 ISLAMORADA FL 33036 US  of Business  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Name and Address of Current Registered Agent  ORD W.  SAS HWY FL 33036  City  FL 33036  City  FL 33036  City  FL 33036  City  Street Agent in the purpose of changing its registered office of registered agent, and title if applicable.  (NOTE: Registered Agent signs  NOW!!! FEE IS \$150.00  11, 2003 Fee will be \$550.00 able to Florida Department of State  OFFICERS AND DIRECTORS  Delete  ITLE  NAME STREET ADDRESS CITY-ST-ZIP  Delete  STREET ADDRESS CITY-ST-ZIP  Delete  ITLE  NAME STREET ADDRESS CITY-ST-ZIP  Delete  STREET ADDRESS CITY-ST-ZIP  Delete	MY P.O. BXO 603 ISLAMORADA FL 33006 US  Suite, Apt. #, etc.  City & State  Country  Name and Address of Current Registered Agent  ORD W. FL 33036  City  Ask HWY FL 33036  City  Ask HWY FL 33036  City  MOTE: Registered agent  NOW!!! FEE IS \$150.00  1, 2003 Fee will be \$550.00 able to Florida Department of State  OFFICERS AND DIRECTORS  RET, SANFORD W. 38 OVERSEAS HWY MORADA FL  Delete  TILE NAME STREET ADDRESS CITY-ST-ZIP  Delete TILE NAME STREET ADDRESS CITY-ST-ZIP  Delete TILE NAME STREET ADDRESS CITY-ST-ZIP  Delete TILE NAME STREET ADDRESS CITY-ST-ZIP  Delete TILE NAME STREET ADDRESS CITY-ST-ZIP  Delete TILE NAME STREET ADDRESS CITY-ST-ZIP  Delete TILE NAME STREET ADDRESS CITY-ST-ZIP  Delete TILE NAME STREET ADDRESS CITY-ST-ZIP  Delete TILE NAME STREET ADDRESS CITY-ST-ZIP  Delete TILE NAME STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP	BY P.O. 80X 603 ISLAMORADA FL 33036 US SILLAMORADA FL SIL	DRD W. AS HWY 1. 30306  City A Statement for the purpose of changing its registered differ or registered agent, or both, in the State of Florida. I am familiar with registered differ or registered agent, or both, in the State of Florida. I am familiar with registered differ or registered agent, or both, in the State of Florida. I am familiar with registered differ or registered agent, or both, in the State of Florida. I am familiar with registered differ or registered agent, or both, in the State of Florida. I am familiar with registered differ.  City  FL Zip Coc  City  FL Zip Coc

2. 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 AND TYPED OF RINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/03 305 664542