

5/17

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-17-2001 91333 045 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15171

1. Entity Name

LADIES ANNUAL FISHOFF, INC.

Principal Place of Business

P.O. BOX 5779
LIGHTHOUSE POINT FL 33074

Mailing Address

P.O. BOX 5779
LIGHTHOUSE POINT FL 33074

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2719702

Applied For

Not Applicable

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

FITZPATRICK, JULIE
 2811 N.E. 48TH STREET
 LIGHTHOUSE POINT FL 33064

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

FILE NOW:
 FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	STD	☒ Delete
NAME	KENNEDY, DEBORAH	
STREET ADDRESS	985 S.E. 9 AVENUE	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	VPD	☒ Delete
NAME	FITZPATRICK, JULIE	
STREET ADDRESS	1702 S.E. 4 STREET 2811 N.E. 48 St.	
CITY-ST-ZIP	POMPANO BEACH FL 33060 Lighthouse Pt, FL 33074	
TITLE	PD	☒ Delete
NAME	SMERRY, THERESA	
STREET ADDRESS	P.O. BOX 4882 N/A	
CITY-ST-ZIP	DEERFIELD BEACH FL 33442	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D Jamie Tsakanikas Pres.	☐ Change ☒ Addition
NAME		
STREET ADDRESS	P.O. Box 5779	
CITY-ST-ZIP	Lighthouse Pt, FL 33074	
TITLE	D Lyla Hamby Sec.	☐ Change ☒ Addition
NAME		
STREET ADDRESS	P.O. Box 5779	
CITY-ST-ZIP	Lighthouse Pt, FL 33074	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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)(l), 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 617, 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01 954-783-6300

CR2E037 (10/00)