

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

1194510 AV

DOCUMENT # P0000083436

1. Entity Name
FLORIDA KEYS FISHING PRODUCTS, INC.

03-06-2002 90138 049 ***150.00

Principal Place of Business Mailing Address
74580 OVERSEAS HWY **P.O. BOX 1847**
ISLAMORADA FL 33036 **TAVERNIER FL 33070**



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 **65-1045661** Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

JABRO, JOHN A
90311 OVERSEAS HWY, #B
TAVERNIER FL 33070

Name **LISA MARKS**
 Street Address (P.O. Box Number is Not Acceptable)
828 Bonito Ln
 City **Key Largo** **FL** Zip Code **33037**

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 *Lisa Marks* DATE 2/8/02
Signature, typed or computer 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, 2002 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	P <input type="checkbox"/> Delete
NAME	MARKS, CHRISTOPHER
STREET ADDRESS	74580 OVERSEAS HIGHWAY
CITY-ST-ZIP	ISLAMORADA FL 33036
TITLE	ST <input type="checkbox"/> Delete
NAME	MARKS, LISA
STREET ADDRESS	74580 OVERSEAS HIGHWAY
CITY-ST-ZIP	ISLAMORADA FL 33036
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Lisa Marks* DATE 2/8/02 Daytime Phone # 3058535257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)