

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90209 042 ***150.00

UBR0303 AV

DOCUMENT # P0000102573

1. Entity Name
FISH BROTHERS OF TAMPA, INC.



Principal Place of Business
**14915 BRUCE B DOWNS BLVD
TAMPA FL 33613**

Mailing Address
**14915 BRUCE B DOWNS BLVD
TAMPA FL 33613**

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 **59-3679450**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AGLIANO, JOHN J
ONE TAMPA CITY CENTER, 201 N FRANKLIN ST
STE 2200
TAMPA FL 33602**

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 Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **FISH, BRIAN P**
STREET ADDRESS **19013 PORTOFINO DRIVE**
CITY-ST-ZIP **TAMPA FL 33647**

Change Addition
TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE **D** Delete
NAME **FISH, JEFFREY L**
STREET ADDRESS **16810 PALM ROYAL DRIVE APT. 935**
CITY-ST-ZIP **TAMPA FL 33647**

Change Addition
TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition
TITLE _____
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

TITLE _____ Delete
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Change Addition
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TITLE _____ Delete
NAME _____
STREET ADDRESS _____
CITY-ST-ZIP _____

Change Addition
TITLE _____
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)(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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 12 2003 813-866-0477
Date Daytime Phone #

CR2E034 (10/02)