

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Amended
FILED

03 JUN 26 PM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000013167?
1. Entity Name
Saltwaterfish.com



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1001 W. Newport Center
Suite, Apt. #, etc.
#109
City & State
Deerfield Bch, FL
Zip
33442 Country
USA

3. Mailing Address
1001 W. Newport Center
Suite, Apt. #, etc.
109
City & State
Deerfield Beach FL
Zip
33442 Country
USA

4. FEI Number
341894664 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
Roger Roe
Street Address (P.O. Box Number is Not Acceptable)
9940 S. Ocean #3
City
Jensen Beach FL Zip Code
34957

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P Ryan Roe 1001 W. Newport Center #109 Deerfield Bch, FL 33442</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>V Evan Roe 1001 W. Newport Center #109 Deerfield Bch FL 33442</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*800021294528
07/03/03--01003--019 **61.25*

DO NOT WRITE IN THIS SPACE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 reports 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 on an attachment with an address, with all of my titles, empowered.

SIGNATURE: *Ryan Roe* Date: *6/23/03* Daytime Phone #: *9548214401*

216/26

C-020348 (12/02)