

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90011 048 \*\*\*150.00

**DOCUMENT # P95000000141**



1. Entity Name  
**F & B FISHING, INC.**

Principal Place of Business  
**1340 NW 20 AVE  
CRYSTAL RIVER FL 34428**

Mailing Address  
**1340 NW 20 AVE  
CRYSTAL RIVER FL 34428**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3286438</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**STANDARD, BARBARA E**  
**1340 NW 20 AVE**  
**CRYSTAL RIVER FL 34428**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	<b>VTD</b>	
NAME	<b>STANDARD, BARBARA E</b>	
STREET ADDRESS	<b>1340 NW 20 AVE</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34428</b>	
TITLE	<b>PD</b>	
NAME	<b>STANDARD, FRED W</b>	
STREET ADDRESS	<b>1340 NW 20 AVE</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34428</b>	
TITLE	<b>S</b>	
NAME	<b>STANDARD, SCOTT S</b>	
STREET ADDRESS	<b>1340 NW 20 AVE</b>	
CITY-ST-ZIP	<b>CRYSTAL RIVER FL 34428</b>	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 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: *Barbara E. Standard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03 352 795-3757  
Date Daytime Phone #

CR2E034 (10/02)