## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 28, 2000 08:00 AM DOCUMENT # P95000030130 1. Entity Name **Secretary of State** WUZ JUST FISHIN, INC. Principal Place of Business Mailing Address 2559 39TH AVE. N. 2559 39TH AVE. N. ST. PETERSBURG ST. PETERSBURG FL FL 33714 33714 2. Principal Place of Business 3. Mailing Address 10911 128TH AVE 10911 128TH AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For LARGO FL LARGO FL. 59-3310356 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33778 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RANDAL L KRAMER RANDAL L KRAMER 2559 39TH AVE N Street Address (P.O. Box Number is Not Acceptable) 10911 128TH AVE ST PETERSBURG 33714 City Zip Code LAŔGO 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. 03/28/2000 RANDAL L. KRAMER (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE X Change ☐ Addition KRAMER RANDAL NAME KRAMER RANDAL STREET ADDRESS 2559 39TH AVE. N. STREET ADDRESS 109110128TH AVE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG 33714 LARGO 33778 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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