

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90025 037 ***150.00

DOCUMENT # **P96000011742**
 1. Entity Name
FLORIDA FISHING OUTFITTERS INC.

Principal Place of Business Mailing Address
4260 S. WASHINGTON AVE. SAME
TITUSVILLE FL 32780

2. Principal Place of Business 3. Mailing Address
4260 S. WASHINGTON AVE
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
TITUSVILLE FLORIDA

Zip Country Zip Country
32780 BREVARD 32780

4. FEI Number Applied For
59-3140184 Not Applicable

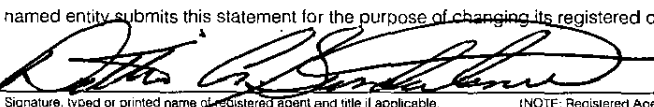
5. Certificate of Status Desired \$8.75 Additional Fee Required

552114

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name **PATTI A. SUNDERLAND**
 Street Address (P.O. Box Number is Not Acceptable)
4269 MT. VERNON AVE
 City **TITUSVILLE FL** Zip Code **32780**

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  DATE **4/30/01**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATTI A. SUNDERLAND		NAME	
STREET ADDRESS 4269 MT VERNON AVE		STREET ADDRESS	
CITY-ST-ZIP TITUSVILLE FL 32780		CITY-ST-ZIP	
TITLE VICE-PRESIDENT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JUDY GOULD		NAME	
STREET ADDRESS 925 W. VALLEY DEL CRO		STREET ADDRESS	
CITY-ST-ZIP ORO VALLEY AZ 85737		CITY-ST-ZIP	
TITLE TREASURER	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PETER GOULD		NAME	
STREET ADDRESS 925 W. VALLEY DEL CRO		STREET ADDRESS	
CITY-ST-ZIP ORO VALLEY AZ 85737		CITY-ST-ZIP	
TITLE SECRETARY	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JAY DEE OSNER		NAME	
STREET ADDRESS 4269 MT VERNON AVE		STREET ADDRESS	
CITY-ST-ZIP TITUSVILLE FL 32780		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  DATE **4/30/01** DAYTIME PHONE # **321-868-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/1/00)