

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000014246

1. Entity Name

H & H FISHING CHARTER, INC.

**FILED**  
**Jul 13, 2000 8:00 am**  
**Secretary of State**

07-13-2000 90011 010 \*\*\*550.00

Principal Place of Business

Mailing Address

2037 CAROLINA AVE. N.E.  
ST. PETERSBURG FL 33703  
US

2037 CAROLINA AVE. N.E.  
ST. PETERSBURG FL 33703-3411  
US

2. Principal Place of Business

3. Mailing Address

463 HAVEN PT DR  
Suite, Apt. #, etc.

463 HAVEN PT. DR  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

TREASURE ISLAND FL

TREASURE ISLAND FL

4. FEI Number

59-3155548

Applied For

Not Applicable

Zip

Country

Zip

Country

FL 33706 PINELLAS

33706 PINELLAS

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOFFMAN, LARRY A  
2037 CAROLINA AVE., N.E.  
ST. PETERSBURG FL 33703

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 P  
NAME HOFFMAN, LARRY A  
STREET ADDRESS 2037 CAROLINA AVE., NE  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE P  
NAME  
STREET ADDRESS 463 HAVEN POINT DR  
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE  
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 JULY 2000 727  
709 9396

CF: 134 (5/7-01)