2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

J16038

1. Entity Name



FILED Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90217 037 ***150.00

P. T. FISH, INC.		
Principal Place of Business 4846 N UNIVERSITY DRIVE 374 FORT LAUDERDALE FL 33351	Mailing Address 4846 N UNIVERSITY DRIVE 374 FORT LAUDERDALE FL 33351	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FE
Zip Country	Zip Country	

Sufe, Apt. # etc. CHRCK HERE IF MAKING CHANGES Applied for City & State City & City	FORT LAUDERDALE FL 33351 FORT LAUDERDALE FL 33351										
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Second S	Suite, Apt. #, etc.		Suite, A	Suite, Apt. #, etc.			•	CHECK HERE IF MAKING CHANGES			
S. Certificate of Status Desired Status Desired Desired Status Desired Desired Status Desired De	City & State		City & S	City & State			4.	FEI Number 59-2698562			
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	Zip	Country	Zip Co		Count	ry 	5.	Certificate of Status Desired			
TWISS, PAUL A 10549 N.W. 3RD AVENUE PEMBROKE PINES FL 33026 City FL Zip Codo 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of the State of Florida. State Addition of Florida Part and		6. Name and Address of Current	Registered A	Agent			7. 1	Name and Address of New Regis	tered Agent		
Street Address (P.C. Box Number is Not Acceptable) City FL Zip Code	T					Name					
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Floridation of	TWISS, PAUL A.			ŀ	Stroot Address (BO, Boy Number in Net Assessable)						
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B. The above named antity 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. File NOW!!! FEE IS \$150.00	PEMBROKE PINES FL 33026										
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FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee Will be \$\$50.00 Make Check Payable to Florida Department of State 10.	The above the obligat	named entity submits this statement folions of registered agent.	r the purpose	of changing its re	egistere	d office or reg	istered ag	ent, or both, in the State of Florida.	I am familiar wit	n, and accept	
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After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE THE THE THE THIRD THE TH	SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicab	ele. (NOTE:	Registered	Agent signature re-	quired when re	einstating)	DATE		
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	2 I hereby c	ertify that the information supplied with	thin filine de-	n not avelte to it	ļ		0	10.07(0)(0)	-		

includated 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 the corporation or on an attachment with an address, with an other like empowered.

SIGNATURE:

REGUMBED D NAME OF SIGNING OFFICER OR DIRECTOR