

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90504 006 ***150.00

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DOCUMENT # J73009

1. Entity Name
FISHHEAD MARINE, INCORPORATED



Principal Place of Business
**1145 E. JOHN SIMS PKWY.
NICEVILLE FL 32578
US**

Mailing Address
**1915 BAYSHORE DR
NICEVILLE FL 32578
US**

80088545



2. Principal Place of Business

3. Mailing Address

1133 FOREST Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State
Niceville, FL.

4. FEI Number **59-2802806**

Applied For
Not Applicable

Zip

Country

Zip
32578

Country
USA

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

**PHELPS, PLENN H. JR
1915 BAYSHORE DR
NICEVILLE FL 32578**

Name
SAME

Street Address (P.O. Box Number is Not Acceptable)
1133 FOREST Rd

City
Niceville

FL

Zip Code
32578

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VTD	PHELPS, REGINA G	1915 BAYSHORE DR	NICEVILLE FL	<input type="checkbox"/>
PSD	PHELPS, PLENN H. JR	1915 BAYSHORE DR	NICEVILLE FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1133 FOREST Rd.	Niceville, FL 32578	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1133 FOREST Rd.	Niceville, FL 32578	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

[Handwritten Signature]

[Handwritten Signature]
Date: **4-16-03**
3-1-03 (850) 678-4146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)