

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000852

1. Entity Name

JAWSOME FISHING, LLC

Principal Place of Business

10000 PARK BLVD.  
SEMINOLE FL 33777

Mailing Address

601 GULF BLVD.  
INDIAN ROCKS BEACH FL 33785

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HOOD, TERRY D  
601 GULF BLVD.  
INDIAN ROCKS BEACH FL 33785

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
HOOD, TERRY D  
601 GULF BLVD.  
INDIAN ROCKS BEACH FL 33785

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
RHEA, MARILYN  
10000 PARK BLVD.  
SEMINOLE FL 33777

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
WILEY, PAUL R JR  
11029- 51 AVENUE N.  
ST. PETERSBURG FL 33708

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ST  
RHEA, SHANNON  
10000 PARK BLVD.  
SEMINOLE FL 33777

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90353 046 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3634178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

CR2E083 (9/01)