

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 27, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000005418**1. Entity Name  
MEGA-BITE SPORTFISH CHARTERS, LLC

Principal Place of Business	Mailing Address
726 PASADENA AVENUE	726 PASADENA AVENUE
SOUTH PASADENA FL 33707	SOUTH PASADENA FL 33707

2. Principal Place of Business	3. Mailing Address
6327 PASADENA PT BLVD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
GULFPORT FL	

Zip	Country	Zip	Country
33707			

4. FEI Number	Applied For
59-3670855	Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
  
KEATON KAREN S  
111 SECOND AVENUE, N.E., SUITE 610  
  
ST. PETERSBURG FL  
33701 US7. 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 \_\_\_\_\_ DATE **03/27/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS / MEMBERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	WHITMAN MICHAEL K	
STREET ADDRESS	980 PASADENA AVENUE, SUITE A	
CITY-ST-ZIP	SOUTH PASADENA FL 33707	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Michael K. Whitman MGR 03/27/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)