2002 UNIFORM BUSINESS REPORT (UBR) Sep 08, 2002 8:00 am Secretary of State DOCUMENT # L04147 1. Entity Name OLD HATT FISHING & CHARTERS, INC. 9-08-2002 90117 037 ***150.00 Principal Place of Business Mailing Address 39-OYPRESS DRIVE 30 CYPRESS DRIVE PALM-HARBOR PL 34684 PALM HARBOR FL-34684 US 3. Mailing Address 2. Principal Place of Business BOX 1 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2959994 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLOWERS, MICHAEL R. 30 CYPRESS DR. **PALM HARBOR FL 34684** City Zip Code 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 Tax filing requirement and elects to do so. Election Campaign Financing After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE NAME FLOWERS, MICHAEL R. NAME STREET ADDRESS 30 CYPRESS DRIVE STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

CR2E034

Change

☐ Addition

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 the chapter 607 or an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Attachnest BUB6263

9-1-02

To whom it may concern.

Due to a relocation we have not received the viriform business report.

Our old coldress was 30 express Dr.

Our new address is Po Box 1101, Crystal

Bch. F. 1 34681. Please excuse this and

enclosed is a check for \$150.00.

Thank you for your consideration.

Sincerely

Michael Flowers

(OLD HAIT FISHING)