

# 2001 UNIFORM BUSINESS REPORT (UBR)

002357 AF

DOCUMENT # L99000004844

1. Entity Name

FISHIN' DAZE CHARTERS, L.L.C.

FILED

01 JAN 31 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

% DOUGLAS W. BULLOCK  
1344 SW SEAGULL WAY  
PALM CITY FL 34990

Mailing Address

% DOUGLAS W. BULLOCK  
1344 SW SEAGULL WAY  
PALM CITY FL 34990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0941660

Applied For

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

7. Name and Address of New Registered Agent

KOHL, N. DEAN JR.

50 S.E. KINDRED STREET, SUITE 107

STUART FL 34994

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**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME MGR  
STREET ADDRESS BULLOCK, DOUGLAS W  
CITY-ST-ZIP 454 S.E. ASHLEY OAKS WAY  
STUART FL 34997 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 1344 SW SEAGULL WAY  
CITY-ST-ZIP Palm City, Florida 34990 ☒ Change ☐ Addition

TITLE  
NAME MGR  
STREET ADDRESS BULLOCK, JANIS C  
CITY-ST-ZIP 454 S.E. ASHLEY OAKS WAY  
STUART FL 34997 ☐ Delete

TITLE  
NAME  
STREET ADDRESS 1344 SW SEAGULL WAY  
CITY-ST-ZIP Palm City, Florida 34990 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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

2/1/01

Date

561-223-9339

Daytime Phone #

CR2E083 (11/00)