

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

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DOCUMENT # M99000001563

1. Entity Name  
FISH WITH ME CHARTERS, L.L.C.

00 APR 18 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
13616 SAND RIDGE  
PALM BEACH GARDENS FL 33418

Mailing Address  
13616 SAND RIDGE  
PALM BEACH GARDENS FL 33418-8639



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MNM

DO NOT WRITE IN THIS SPACE

4. FEI Number 38-3462695

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, TIM  
C/O CAPTAIN BUDS CHARTERS  
13616 SAND RIDGE  
PALM BEACH GARDENS FL 33418

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 N/A

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 SMITH, TIM  
CITY-ST-ZIP 13616 SAND RIDGE  
PALM BEACH GARDENS FL 33418

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

900003238749--1

TITLE NAME MEMBER  
STREET ADDRESS MILLER, MICHAEL  
CITY-ST-ZIP 8358 COLONY DRIVE  
ALGONAC MI 48001

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

-05/03/00--018-008 Addition  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME MEMBER  
STREET ADDRESS MILLER, ERIKA  
CITY-ST-ZIP 8358 COLONY DRIVE  
ALGONAC MI 48001

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  
STREET ADDRESS  
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TITLE 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 A. MILLER 4/13/00 8107942178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date Daytime Phone #

CR2E083 (9/99)