

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0015389

**DOCUMENT # M99000001563**

1. Entity Name

**FISH WITH ME CHARTERS, L.L.C.**

03-29-2002 90801 021 \*\*\*\*50.00

Principal Place of Business

**13616 SAND RIDGE  
 PALM BEACH GARDENS FL 33418**

Mailing Address

**13616 SAND RIDGE  
 PALM BEACH GARDENS FL 33418**

2. Principal Place of Business

**733 WINDERMERE WAY**

Suite, Apt. #, etc.

3. Mailing Address

**733 WINDERMERE WAY**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**PALM BEACH GARDENS FL**

City & State

**PALM BEACH GARDENS FL**

4. FEI Number

**38-3462695**

Applied For

Not Applicable

Zip

**33418**

Country

**USA**

Zip

**33418**

Country

**USA**

5. Certificate of Status Desired

☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name  
**MICHAEL A. MILLER**

Street Address (P.O. Box Number is Not Acceptable)  
**733 WINDERMERE WAY**

City  
**PALM BEACH GARDENS FL**

Zip Code  
**33418**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**MICHAEL A. MILLER 3-19-02**

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  
**MGR  
 SMITH, TIM  
 13616 SAND RIDGE  
 PALM BEACH GARDENS FL 33418** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 MILLER, MICHAEL A  
 8358 COLONY DRIVE  
 ALGONAC MI 48001** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 MILLER, ERIKA B  
 8358 COLONY DRIVE  
 ALGONAC MI 48001** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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 STREET ADDRESS  
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10. ADDITIONS/CHANGES

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

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☐ 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: Erika B. Miller**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**ERIKA B. MILLER 3/19/02**

**(561) 622-7091**

CP2E083 (9/01)