

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001226

1. Entity Name

BONEFISH & TARPON UNLIMITED, INC.

FILED

Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90022 018 ****61.25

Principal Place of Business

240 DOCKSIDE LANE
PMB 83
KEY LARGO FL 33037

Mailing Address

240 DOCKSIDE LANE
PMB 83
KEY LARGO FL 33037

2. Principal Place of Business

24 DOCKSIDE LANE
Suite, Apt. #, etc.
PMB 83

3. Mailing Address

24 DOCKSIDE LANE
Suite, Apt. #, etc.
PMB 83

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

65-0988321

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAVIDSON, THOMAS N
7 SUNRISE CAY DRIVE
KEY LARGO FL 33037

7. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete
NAME DAVIDSON, THOMAS N
STREET ADDRESS 7 SUNRISE CAY DRIVE
CITY-ST-ZIP KEY LARGO FL 33037

TITLE STD ☐ Delete
NAME HARKAVY, JEFF S
STREET ADDRESS 3101 N FEDERAL HWY 8TH FLOOR
CITY-ST-ZIP FORT LAUDERDALE FL 33306

TITLE D ☐ Delete
NAME FERNANDEZ, CHICO
STREET ADDRESS 11450 SW 98TH STREET
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)