

2002 UNIFORM BUSINESS REPORT (UBR)

2/4/01

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-04-2002 90186 025 ****61.25

DOCUMENT # N01000006987

1. Entity Name

NEW SMYRNA BILLFISH INVITATIONAL, INC.

Principal Place of Business

Mailing Address

**1701 S RIDGEWOOD AVE
 EDGEWATER FL 32132**

**1701 S RIDGEWOOD AVE
 EDGEWATER FL 32132**

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

59-3591323

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**BREWER, MICHAEL L
 500 CANAL STREET
 NEW SMYRNA BEACH FL 32168**

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 NAME	PD CARWILE, RONALD L	<input type="checkbox"/> Delete
STREET ADDRESS	1701 S RIDGEWOOD AVE	
CITY-ST-ZIP	EDGEWATER FL 32132 D	
TITLE NAME	STD ZELLER, MICHAEL J	<input type="checkbox"/> Delete
STREET ADDRESS	P O BOX 358	
CITY-ST-ZIP	EDGEWATER FL 32132 D	
TITLE NAME	JOHN LLOYD	<input type="checkbox"/> Delete
STREET ADDRESS	2010 WATERFORD ESTATES DR.	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168 D	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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:

KARL L. CARWILE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02 **386-428-5223**
 Date Daytime Phone #

CR2E037 (9/01)