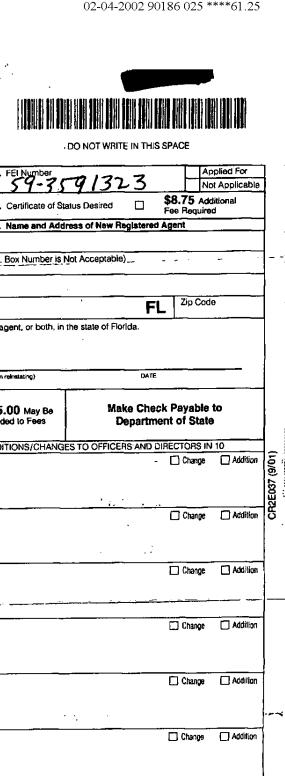
## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## DOCUMENT # N0100006987 Secretary of State 02-04-2002 90186 025 \*\*\*\*61.25 NEW SMYRNA BILLFISH INVITATIONAL, INC. Principal Place of Business Mailing Address 1701 S RIDGEWOOD AVE 1701 S RIDGEWOOD AVE **EDGEWATER FL 32132** EDGEWATER FL 32132 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BREWER, MICHAEL L 500 CANAL STREET **NEW SMYRNA BEACH FL 32168** 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 DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition Change <u>6</u> TITLE ☐ Delete CARWILE, RONALD L NAME NAME STREET ADDRESS STREET ADDRESS 1701 S RIDGEWOOD AVE CITY-ST-ZIP CITY-ST-ZIP **EDGEWATER FL 32132** Change Addition ☐ Delete TITLE ZELLER, MICHAEL J NAME NAME STREET ADORESS STREET ADDRESS P O BOX 358 CITY-ST-7IP CITY-ST-ZIP EDGEWATER FL 32132 ☐ Change Addition ☐ Delete TITLE TITLE JOHN LLOYD 2010 WATERFORD ESTATES DR. D NAME STREET ADDRESS STREET ADDRESS NEW SMYRNA BEACH, FL 32168 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITI F TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-7IP 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 eath; 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

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FILED Mar 12, 2002 8:00 am



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