2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N39949

Entity Name: FISHIN' KIDS STAY OF AN INC

KEISER, WILLIAM

4125 PALM FOREST DR., SOUTH

DELRAY BEACH, FL 33445

Name:

Address:

City-St-Zip:

FILED Apr 03, 2003 Secretary of State

		abo ottat ollita, iivo.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
4232 S LAI LAKE WO	NDAR DR RTH, FL 3346	3 US			
Current Mailing Address:			New Mailing Address:		
PO BOX 5 LAKE WO	42133 RTH, FL 3345	42133 US			
FEI Number:	65-0246899	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of C	Current Registered Agent:	Name and Addres	Name and Address of New Registered Agent:	
4232 S. LÁ	DONALD R. NDAR DR RTH, FL 3346	3 US			
	named entity e of Florida.	submits this statement for the	purpose of changing its regist	ered office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	nic Signature of Registered A	gent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VPD (FINEBURG, LII 4232 S LANDA LAKE WORTH,	R DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ED (SIMUNEK, DON 4252 S LANDA LAKE WORTH,	R DR	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	KOENIG, JOHN	PL, PO DRAW 3948	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title:	CCD () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LINDA FINEBURG VPD 04/03/2003