

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9800006085

1. Entry Name
CAPT. BOB LEWIS BILLFISH CHALLENGE, INC.



Principal Place of Business
13273 S.W. 124TH STREET
MIAMI, FL 33186

Mailing Address
~~PO BOX 110000~~ P.O. Box 189
~~CORAL GABLES, FL 33114~~
ISLAMORADA, FL 33036

2. Principal Place of Business
Suite, Apt. #, etc.


3. Mailing Address
P.O. Box 189
Suite, Apt. #, etc.

City & State
Islamorada, FL

City & State
Islamorada, FL

Zip Country
33036 USA

10000000



CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0868468

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BAKER, RONALD G
4676 PONCE DE LEON BOULEVARD
SUITE 301
CORAL GABLES, FL 33148**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ronald G Baker* (NOTE: Registered Agent's Signature Required when Resigning)

DATE **4/23/03**

FILE NOW - FEES \$51.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, JUDY 13273 S.W. 124TH STREET MIAMI, FL 33186	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, SUZAN 296 SANTAN DER CORAL GABLES, FL 33134	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEADER, PAUL 6979 NW 16TH STREET #110 MIAMI, FL 33014	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-D BAKER, SUZAN P.O. Box 189 ISLAMORADA, FL 33036	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 I be empowered.

SIGNATURE: *Ronald G Baker* (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE **4/23/03** **305.664-2080**

CRZE037 (10/02)