

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90040 040 \*\*\*150.00

DOCUMENT # P00000014936

1. Entity Name

FICTIONAL FACT CHARTER FISHING INC.

Principal Place of Business

2530 GARY CIRCLE, #305  
DUNEDIN FL 34698

Mailing Address

2530 GARY CIRCLE, #305  
DUNEDIN FL 34698

2. Principal Place of Business

2530 Gary Circle  
Suite, Apt. #, etc.  
#305

3. Mailing Address

2530 Gary Circle  
Suite, Apt. #, etc.  
#305

City & State

Dunedin FL

City & State

Dunedin FL

Zip

34698

Country

USA

Zip

34698

Country

USA

4. FEI Number

Applied For

2. Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MERCER, DENNIS JR  
2530 GARY CIRCLE, #305  
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name: Dennis Mercer Jr

Street Address (P.O. Box Number is Not Acceptable)  
2530 Gary Circle #305

City

Dunedin

FL

Zip Code

34698

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

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: D ☐ Delete  
NAME: MERCER, DENNIS JR  
STREET ADDRESS: 2530 GARY CIRCLE, #305  
CITY-ST-ZIP: DUNEDIN FL 34698

TITLE: D ☐ Delete  
NAME: MERCER, DENNIS SR  
STREET ADDRESS: 1620 AMERLEA DRIVE N.  
CITY-ST-ZIP: DUNEDIN FL 34698

TITLE: D ☐ Delete  
NAME: HERRMANN, UTE  
STREET ADDRESS: 2530 GARY CIRCLE, #305  
CITY-ST-ZIP: DUNEDIN FL 34698

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

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

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

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)