

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 30, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000029716**1. Entity Name  
INSHORE FISHING ASSOCIATION, INC.Principal Place of Business  
8982 ELIZABETH FALLS DRIVE  
JACKSONVILLE FL JACKSONVILLE FL  
32257 32257Mailing Address  
8982 ELIZABETH FALLS DRIVE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

WARREN GRADY  
8982 ELIZABETH FALLS DRIVE  
JACKSONVILLE FL  
32257

## 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.

SIGNATURE \_\_\_\_\_ **01/30/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-------------|---------------------------------|
|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |
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|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |
|       |      |                |             |                                 |

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

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

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:** James V. Armstrong, Sr.

Pres

01/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)