5/21/01-9037

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-21-2001 90370 025 ***550.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000040842

1. Entity Name

FISH ON CHARTERS OF FORT LAUDERDALE, INC.

Principal Place of Business	Mailing Address
5140 SW 109 AVENUE FORT LAUDERDALE FL 33328	5140 SW 109 AVENUE FORT LAUDERDALE FL 33328

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5140 SW 109 Ave	5140 SW 109 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Laud FL	City & State: Ft Lauderdale FL
Zip: 33328 / Country: USA	Zip: 33328 / Country: USA

4. FEI Number: 65-1004855 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BOSTWICK, RONI 5140 SW 109 AVENUE FORT LAUDERDALE FL 33328	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 ____________________ 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: Treasurer NAME: Brian Bostwick STREET ADDRESS: 5140 SW 109 Ave CITY-ST-ZIP: Ft Laud FL 33328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE: President NAME: Roni Bostwick STREET ADDRESS: 5140 SW 109 Ave CITY-ST-ZIP: Ft Laud FL 33328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (10/00)

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: Roni Bostwick 5-10-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #