## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P00000040842

1. Entity Name

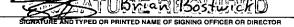
FISH ON CHARTERS OF FORT LAUDERDALE, INC.



## **FILED** Feb 06, 2003 8:00 am Secretary of State 02-06-2003 90106 005 \*\*\*150.00

Principal Place of Business 5140 SW 109 AVENUE FORT LAUDERDALE FL 33328		Mailing Address 5140 SW 109 AVENUE FORT LAUDERDALE FL 33328						
2. Principal Place of Business		3. Mailing Address					H 1144   1444 <b>  1</b> 44	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4.	FEI Number <b>65-1004855</b>		Applied For Not Applicable	
Zip	Country	Zip Count		try	5.	5. Certificate of Status Desired		Additional equired
(	. Name and Address of Current	Registered Agent	<del></del>		7-	Name.and;Address.of.New.Regis	tered Agent	
BOSTWICK, RON				Name				
5140 SW 109		Street Address		dress (P.O. E	(P.O. Box Number is Not Acceptable)			
FORT LAUDE	RDALE FL 33328				i			
				City			FL Zip	Code
	ned entity submits trifs statement for of registered agent.	r the purpose of changing its	registere	ed office or re	egistered ag	ent, or both, in the State of Florida.	I am familiar	with, and accept
SIGNATURE	ature, typed or printed name of registiqued agent a	and title if applicable. (NOTE	E: Registered	d Agent signature	required when re	einstating)	DATE .	
After Ma Make Check Pa	NOW!!! FEE IS \$150.00 y 1, 2003 Fee will be \$550.00 yable to Florida Department of					Election Campaign Financial     Trust Fund Contribution.		55.00 May Be Added to Fees
10.			11.	<u> </u>	AC	DDITIONS/CHANGES TO OFFICER		
NAME BO STREET ADDRESS 51	BOSTWICK, BRIAN 5140 SW 109 AVE FORT LAUDERDALE FL 33328		STREE	NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ange
STREET ADDRESS 51	P Delete BOSTWICK, RONI 5140 SW 109 AVE FORT LAUDERDALE FL 33-3258		NAME STREE	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Cha	ange
TITLE	□ Delete		NAME STREE	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			Cha	ange Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete					☐ Cha	ange
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Cha	nge 🗌 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Cha	nge 🗌 Addition
indicated on the of the corporation	y that the information supplied with his report or supplemental report is tion or the receiver or trustee empo n an attachment with an address, w	true and accurate and that me wered to execute this report a	ny signati as require	ure shall have	e the same l	egal effect as if made under oath:	that I am an of	fficer or director

SIGNATURE:



954 680 7860