

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

FILED
Aug 26, 2002 8:00 am
Secretary of State

08-26-2002 90066 046 ***150.00

DOCUMENT # *P00000040843*
1. Entity Name
SATISFACTION GUARANTEED FISHING CHARTERS, INC.

124303

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business
415 SAN JUAN AVE
Suite, Apt. #, etc.

3. Mailing Address
415 SAN JUAN AVE
Suite, Apt. #, etc.

City & State
NAPLES FL
Zip
34113
Country
USA

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NAPLES FL
Zip
34113
Country
USA

4. FEI Number
593642484
Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
BRIEN SPINA
Street Address (P.O. Box Number is Not Acceptable)
415 SAN JUAN AVE
City
NAPLES FL Zip Code *34113*

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<i>PRESIDENT BRIEN SPINA 415 SAN JUAN AVE NAPLES FL 34113</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* *8/23/02* *239-642-9779*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

P00000040843
124303

FLORIDA DIVISION OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

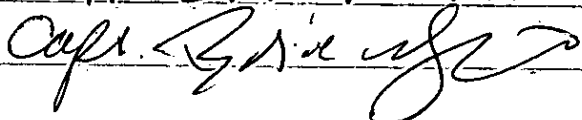
I AM WRITING YOU THIS LETTER DUE TO MY LATE FEE THAT I CAN NOT AFFORD TO PAY DURING THIS TOUGH ECONOMIC TIME.

PLEASE EXCEPT MY \$150.00 PAYMENT FOR MY (VBR) IT SEEMS AS THOUGHT THIS IS MY FIRST ENCOUNTER WITH ANY RENEWAL FEE NEVER THE LESS A LATE CHARGE.

IF YOU HAVE ANY QUESTIONS PLEASE FEEL FREE TO CONTACT ME REGARDING THIS MATTER.

SINCERELY

CAPT. BRIEN SPINA

Capt. 

(239) 642-9779