2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 29, 2001 8:00 am
Secretary of State
05-04-2001 90094 023 ***150.00

DOCUMENT # P00000054373

1. Entity Name
THE "FISHY" PLACE, INC.

Principal Place of Business	Mailing Address
4061 N. ARMENIA AVENUE TAMPA FL 33607	4061 N. ARMENIA AVENUE TAMPA FL 33607

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5012 US 19	5012 US 19
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW PORT RICHEY	City & State: NEW PORT RICHIE
Zip: 34652 Country: FL	Zip: 34652 Country: FL

4. FEI Number: 52-2235424 ☐ 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
ZOLAS, THEOPI 4061 N. ARMENIA AVENUE TAMPA FL 33607	Name: JACOBUS W. WOLMARANS Street Address (P.O. Box Number is Not Acceptable): 5012 US 19 City: NEW PORT RICHIE FL Zip Code: 34652

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: _____ 04/24/2001
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P KERSHAW, DAVID M 3806 CARROLWOOD PLACE CIRCLE #208 TAMPA FL 33624	☐ Delete	P KERSHAW, DAVID M 4061 N ARMENIA AVE TAMPA - FL 33607	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ZOLAS, THEOPI 3806 CARROLWOOD PLACE CIRCLE #208 TAMPA FL 33624	☐ Delete	V ZOLAS, THEOPI 4061 N ARMENIA AVE TAMPA - FL 33607	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BISCHOFF, MARK 3806 CARROLWOOD PLACE CIRCLE #208 TAMPA FL 33624	☑ Delete	S BISCHOFF, MARK 4061 N ARMENIA AVE TAMPA - FL 33607	☑ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BISCHOFF, SHARON A 3806 CARROLWOOD PLACE CIRCLE #208 TAMPA FL 33624	☑ Delete	T BISCHOFF, SHARON A 4061 N ARMENIA AVE TAMPA FL 33607	☑ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JACOBUS W. WOLMARANS 5012 US 19 NEW PORT RICHIE FL. 34652	☐ Delete	(S) JACOBUS W WOLMARANS 5012 US 19 NEW PORT RICHIE FL 34652.	☐ Change	☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHARLOTTE WOLMARANS 5012 US 19 NEW PORT RICHIE FL 34652	☐ Delete	(T) CHARLOTTE WOLMARANS 5012 US 19 NEW PORT RICHIE 34652.	☐ 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: DAVID M KERSHAW Jan 13 01 (727) 844-3666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #