

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

FILED
Jun 16, 2002 8:00 am
Secretary of State

05-13-2002 90192 047 ***150.00

DOCUMENT # P 00000654373

1. Entity Name

THE "FISHY PLACE" INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5012 US 19

3. Mailing Address

5012 US 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

New Port Richey

City & State

New Port Richey

4. FEI Number

52-22 35424

Applied For

Not Applicable

Zip

34652

Country

FL

Zip

34652

Country

FL

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name DAVID M KERSHAW

Street Address (P.O. Box Number is Not Acceptable)

5012 US 19

City NEW PORT RICHEY FL

Zip Code 34652

**DO NOT WRITE
IN THIS SPACE**

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

DAVID M KERSHAW

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/2002

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐

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 P
NAME KERSHAW DAVID M
STREET ADDRESS 5012 US 19
CITY-ST-ZIP NEW PORT RICHEY 34652

TITLE V
NAME ZOLASTHEOF
STREET ADDRESS 5012 US 19
CITY-ST-ZIP NEW PORT RICHEY 34652

TITLE
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IN THIS SPACE**

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:

DAVID M KERSHAW

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

787-844 3666 4/24/2002

Date

Daytime Phone #

CR2E034B (12/01)