2002 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT #

FILED Jan 11, 2002 8:00 am Secretary of State

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NODDIC	FISH, INC.				01-1	11-2002 90004	016 ***1	50.00		4
INCRDIC	FISH, IINO.									
Principal Place of Business 3616 S.W. 21ST STREET FORT LAUDERDALE FL 33312		Mailing Address 3616 S.W. 21ST STREET FORT LAUDERDALE FL 33312								
2. Principal Place of Business		3. Mailing Address			((64 (466)	(((11 04) 00 0) (00 0) (00 0)		(f 100 4 6 f(1 00	IERIE BING (EBN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS SF			_
City & State		City & State		6.	FEI Number	APPLIED FO	# 92:) 	oplied For ot Applicable	
Zip	Country	Zip	Country	5.	. Certificate o	f Status Desired		8.75 Add		-
	6. Name and Address of Current	Registered Agent			Name and A	ddress of New R	egistered Ag	ent		1
			N:	ame						
CASE, JOHN W ESQ. 2900 EAST OAKLAND PARK BOULEVARD				Street Address (P.O. Box Number is Not Acceptable)						
THIRD FLO	OOR		}							
FORT LAU	JDERDALE FL 33306		Ci	ty			FL	Zip Cod	е	
8. The above	named entity submits this statement for	or the purpose of changing i	ts registered of	fice or registered a	agent, or both	in the State of Flor	rida.			
SIGNATURE										
· ·	Signature, typed or printed name of registered agent	and title if applicable. (NO	OTE: Registered Age	nt signature required when	n reinstating)		DATE			
9. This corpo	Signature, typed or printed name of registered agent praction is elligible to satisfy its Intangible requirement and elects to do so. ria on back)		V!!! FEE IS \$	3150.00 be \$550.00	10. Elect	tion Campaign Fina t Fund Contribution	ancing _	\$5.0 Added	May Be	
9. This corpo	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOV After May 1, 2 Make Check Pay	V!!! FEE IS \$	5150.00 be \$550.00 tment of State	10. Elect		ancing	Added	to Fees	-
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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 ampowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/02 587-25 To Daytime Phone #