

**2Q01 UNIFORM BUSINESS REPORT (UBR)**

07-10-2001 90122 012 \*\*\*\*100.00  
P00000060265

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

102  
AV 1 2880

**DOCUMENT # P0000060265**  
1. Entity Name  
**A FISHING TALE INC.**

Principal Place of Business      Mailing Address  
**1501 2ND ST SOUTH      1501 2ND ST SOUTH**  
**ST. PETERSBURG FL 33701      ST. PETERSBURG FL 33701**

2. Principal Place of Business      3. Mailing Address  
**1500 2ND ST. S.      ~~1501 2ND ST SOUTH~~ <sup>thst.</sup> 33711**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      Country  
**St. Pete FL      St. Pete Fl. 33711**  
Zip      Country  
**33701 Pinellas      33711**

4. FEL Number      Applied For  
**59-3705861**      Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**WESNER, DANIEL**  
**8402 6TH ST N**  
**ST PETE FL 33702**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      Zip Code

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: *Daniel B. Wesner*      DATE: 7-5-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
(See criteria on back)

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	<input type="checkbox"/> Delete <b>President DANIEL R. WESNER 8402 6th St N ST PETE FL 33702</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100004724551- -12/13/01--01041--024 *****50.00 *****50.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Sect. 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: *Daniel R. Wesner*      DATE: 7-5-01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2034 (5/01)

To Whom it may Concern:

2082

Failure to understand how I was to report for my Corporation has continued to plague me. Please waive fees and process my Corp as I am trying to get a liquor permit and my Corporation is the hold up.

Thank you  
Don Wilson  
President  
A. F. Fitting, Inc.