

2002 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90448 003 \*\*\*150.00

DOCUMENT # P00000076431

1. Entity Name

FISHING INSIDE FLORIDA INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

State Apt # etc.

Suite Apt # etc.

County

City & State

4. FEI Number

62-1782491

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Annual

Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

**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

Signature of person to be listed as registered agent and file of application

(NOTE: Registered Agent signature required when reappointing)

Date

9. This corporation is eligible to satisfy its intangible

tax filing requirement and elects to do so  
(See instructions 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

Annual Fee

11. OFFICERS AND DIRECTORS

| 11 | TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP |
|----|-------|------|----------------|----------------|
| 1  | TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP |
| 2  | TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP |
| 3  | TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP |
| 4  | TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP |
| 5  | TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP |
| 6  | TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP |
| 7  | TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP |
| 8  | TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP |
| 9  | TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP |
| 10 | TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP |

**DO NOT WRITE  
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)(b), Florida Statutes. I declare that the information in this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the official record of the corporation with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Craig Brown* *Craig Brown* *Pres* *4-30-02*