

DOCUMENT # P00000079272

1/11/01-5

FILED  
Feb 08, 2001 8:00 am  
Secretary of State

01-11-2001 90033 005 \*\*\*150.00

1. Entity Name  
BUDD'S FISHIN', INC.

Principal Place of Business Mailing Address  
17 RICHMOND DR. 17 RICHMOND DR.  
NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 32169



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country  
4. FEI Number 59-3667774 Applied For Not Applicable  
5. Certificate of Status Desired \$0.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
NEVASER, J.S. 17 RICHMOND DR. NEW SMYRNA BEACH FL 32169  
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 \* (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) X  
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	DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHANGE	ADDITION
PD NEVASER, J.S. 17 RICHMOND DR. NEW SMYRNA BEACH FL 32169	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: \* J.S. Nevaser 1/11/01 904-424-9309  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)