

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000081627**1. Entity Name
BILLFISH TOURNAMENT NETWORK, INC.Principal Place of Business
150 BRADLEY PLACE, #416
PALM BEACH FL 33480Mailing Address
150 BRADLEY PLACE, #416
PALM BEACH FL 334802. Principal Place of Business
2336 SE OCEAN BLVD.
#1013. Mailing Address
2336 SE OCEAN BLVD.
#101Suite, Apt. #, etc.
#101Suite, Apt. #, etc.
#101City & State
STUART FLCity & State
STUART FLZip Country
34996Zip Country
349964. FEI Number
65-1034889
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**CRAWFORD DEAN**
150 BRADLEY PLACE, #416
PALM BEACH FL 33480**7. Name and Address of New Registered Agent**Name
CRAWFORD DEAN W
Street Address (P.O. Box Number is Not Acceptable)
150 BRADLEY PLACE
#416
City **FL** Zip Code
PALM BEACH 33480

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 **DEAN W. CRAWFORD****01/30/2001**

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

(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) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	MR.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition

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 empowered.

SIGNATURE: DEAN W. CRAWFORD**MR. 01/30/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)