


FILED

Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000084623 1. Entity Name THE FISH COLLECTOR, INC.			
Principal Place of Business 6981 S. ALOUSIA AVE. FLORAL CITY FL 34436		Mailing Address 6981 S. ALOUSIA AVE. FLORAL CITY FL 34436	
2. Principal Place of Business Suite, Apt #, etc City & State Zip- Country		3. Mailing Address Suite, Apt #, etc City & State Zip Country	



MOORE CR2E034 (11/03)

City & State		City & State		4. FEI Number 59-3681057		Applied For	
						Not Applicable	
Zip-	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			

5. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
BECKNER, ROGER E JR 6981 S. ALOYSIA AVE. FLORAL CITY FL 34436	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____		DATE _____
Signature: typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete P BECKNER, ROGER E JR 6981 S. ALOYSIA AVE. FLORAL CITY FL 34436	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1000000144984 04/30/04-80147-025 158.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-04 727 639 4623