2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT

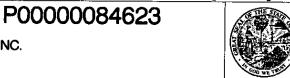
1. Entity Name

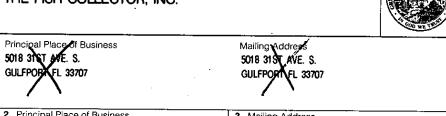
THE FISH COLLECTOR, INC.



FILED Feb 07, 2003 8:00 am Secretary of State

02-07-2003 90087 034 ***150.00





| | _ |
|--------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address |
| 6181 S, ALOYSIA AVE | 3. Mailing Address 6981 S. Aloysia Aue |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| | |



| · | | | CHECK HERE IF MAKING | G CHANGES |
|--|--|---|---|-----------------------------------|
| City & State FLOVAL City F | City & State | h.c =1 | 4. FEI Number 59-3681057 | Applied For |
| | 1 -0.01 - 0 0. | y , 1-C | 39-300 1037 | Not Applicable |
| 34436 CITRU | | Country C+ms | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 6. Name and Address of C | Current Registered Agent | | 7. Name and Address of New Registered | Agent |
| STEINNE, JAMES D 6911 N. 18TH AVE. | | Name Rog Street Address | er E. Beckner Jr (P.O. Box Number is Not Acceptable) | 2 |
| SAINT PETERSBURG FL 33710 | | 6981 | S. Aloysia Ava | |
| O The share and the state of th | | | | |
| the above named entity submits this state the obligations of registered agent. | ment for the purpose of changing its | registered office or registe | red agent, or both, in the State of Florida. I am | familiar with, and accept |
| SIGNATURE Signature, 1950 or printed name of register | red agent and title if applicable. (NOTE | ogen & Bester Registered Agent signature require | | 5-03 |
| FILE NOW!!! FEE IS \$150. After May 1, 2003 Fee will be \$5 | | | 9. Election Campaign Financing | \$5.00 May Be |

Make Check Payable to Florida Department of State

| 10. | OFFICERS AND DIRECTORS . | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|--|---|---|---------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES STEINKE, JAMES D 6511 N. 10TH AVE. SAINT PETERSBURG FL 33710 | TLE PYES AME ROGER E. Bec REET ADDRESS 6981 S. Alys TY-ST-ZIP Floral City | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TLE IME REET ADDRESS IY-ST-ZIP | ☐ Change ☐ Additio | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | TLE ME REET ADDRESS Y-ST-ZIP | ☐ Change ☐ Additio | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | LE ME REET ADDRESS Y-ST-ZIP | ☐ Change ☐ Additio | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | □ Delete | LE ME REET ADDRESS Y-ST-ZIP | ☐ Change ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | LE ME REET ADDRESS Y-ST-ZIP | ☐ Change ☐ Addition | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

639.4623