

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095785

1. Entity Name

FISH 'N' TRIP CHARTERS INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90222 041 ***150.00

Principal Place of Business

Mailing Address

2817 LINDEN TREE STREET

2817 LINDEN TREE STREET

SEFFNER FL 33584

SEFFNER FL 33584

2. Principal Place of Business

3. Mailing Address

2817 LINDEN TRUST

2817 Linden tree st

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEFFNER FL

City & State

SEFFNER FL

4. FFL Number

59-3675322

Applied For

Not Applicable

Zip

33584

Country

HILLS

Zip

33584

Country

HILLS

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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 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
PSD
NOVELLI, ANTHONY J
2817 LINDEN TREE STREET
SEFFNER FL 33584 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
NOVELLI, JOAN V.
2817 LINDEN TREE STREET
SEFFNER FL 33584 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Anthony J. Novelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-01
Date

813-684-6002
Daytime Phone #

CR2E034 (10/00)