

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

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90110 023 \*\*\*150.00

DOCUMENT # **P000000097699**

1. Entity Name

WORLD CLASS FISHING CHARTERS, INC.

E

**DO NOT WRITE IN THIS SPACE**

**80056778**

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2. Principal Place of Business

1210 SE 9TH LANE

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

4. FEI Number

Applied For

Not Applicable

Zip

33990

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

RUDOLPH K. MATLAND

Street Address (P.O. Box Number is Not Acceptable)

12995 S. CLEVELAND AVE. STE. 107

City

FORT MYERS,

FL

Zip Code  
33907

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IN THIS SPACE**

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 RUDOLPH K. MATLAND

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

(NOTE: Registered Agent signature required when reinstating)

FEB. 21, 2002

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME

P

BRYAN FREY

STREET ADDRESS

1210 SE 9TH LANE

CITY-ST-ZIP

CAPE CORAL, FL 33990

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
NAME

S

LISA D. WARD

STREET ADDRESS

19720 WELLSWOOD ROAD

CITY-ST-ZIP

N. FT. MYERS, FL 33917

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/20/02

Daytime Phone #

941-772-5755

CR2E034B (12/01)