

**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 E ✓  
1. Entity Name  
WORLD CLASS FISHING CHARTERS, INC.

**DO NOT WRITE IN THIS SPACE**

80056778

DO NOT WRITE IN THIS SPACE

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	
Zip 33990	Country USA	Zip	Country

4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

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

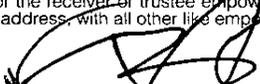
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE RUDOLPH K. MATLAND FEB. 21, 2002  
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRYAN FREY 1210 SE 9TH LANE CAPE CORAL, FL 33990	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LISA D. WARD 19720 WELLSWOOD ROAD N. FT. MYERS, FL 33917	TITLE NAME STREET ADDRESS 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:  3/20/02 941-772-5755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)