

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115754

1. Entity Name

FISH TALES INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91278 047 ***150.00

Principal Place of Business

800 U.S. HWY. 27 N/ P.O. BOX 487
HAINES CITY FL 33844

Mailing Address

800 U.S. HWY. 27 N/ P.O. BOX 487
HAINES CITY FL 33844

2. Principal Place of Business

800 U.S. Hwy 27 N.

3. Mailing Address

P.O. Box 487

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Haines City FL

City & State

Haines City FL

Zip

33845

Country

USA

Zip

33845

Country

USA

4. FEI Number

☒ Applied For

☐ Not Applicable

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

JOHNSON, ALAN D
3212 LK. BREEZE DRIVE
HAINES CITY FL 33844

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 PD ☐ Delete
NAME JOHNSON, SHARON S
STREET ADDRESS P.O. BOX 487
CITY-ST-ZIP HAINES CITY FL 33845

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

TITLE SD ☐ Delete
NAME JOHNSON, ALAN D
STREET ADDRESS P.O. BOX 487
CITY-ST-ZIP HAINES CITY FL 33845

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Attachment

5-14-01

Doc# P00000115754
B0058304

To Whom It May Concern,

I found a collection this year to
maintain the name I intended to use
We are in the process of building a
new building and therefore want to open
for business this August 2001

When I received this notice I
of your thoughts and I thought it was
to even even with what I had
I thought you of advice to the I
my business in which I was in
one that has to replace in 2001
called your office
at the time of that time I
I thought it was an explanation
I hope you can help me

Thank you!

Charles F. Farnham

and wife, Inc.