

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91772 050 ***150.00

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

DOCUMENT # *P00000116483*

1. Entity Name

M & P FISHING INC.



DO NOT WRITE IN THIS SPACE

11040872

2. Principal Place of Business
1847 FLORIDA AVENUE

Suite, Apt. #, etc.

3. Mailing Address
1847 FLORIDA AVENUE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PANAMA CITY, FLORIDA

Zip Country

32405

City & State
PANAMA CITY, FLORIDA

Zip Country

32405

4. FEI Number
59-3688770

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
HENNIGAN, MICHAEL W.

Street Address (P.O. Box Number is Not Acceptable)
1847 FLORIDA AVENUE

City **PANAMA CITY** FL **32405**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

M. Hennigan

(NOTE: Registered Agent signature required when reappointing)

4/29/03

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD
HENNIGAN, MICHAEL W.
1847 FLORIDA AVENUE
PANAMA CITY, FLORIDA 32405**

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Hennigan

4/29/03

Date

Daytime Phone #

CR2E034B (12/02)