

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90032 034 ***150.00

DOCUMENT # P01000015193

1. Entity Name
FISHLIFE MANUFACTURING COMPANY

Principal Place of Business

700 N. W. 57TH PLACE
SUITE #8
FT. LAUDERDALE FL 33309

Mailing Address

700 N. W. 57TH PLACE
SUITE #8
FT. LAUDERDALE FL 33309

2. Principal Place of Business

701 N.W. 57TH PLACE
Suite, Apt. #, etc.

3. Mailing Address

701 N.W. 57TH PLACE
Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

FT. LAUDERDALE FL

Zip
33309

Country

BROWARD

Zip

33309

Country

BROWARD

6. Name and Address of Current Registered Agent

PATTEN, THOMAS F
700 N. W. 57TH PLACE
SUITE #8
FT. LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name

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

701 N.W. 57TH PLACE

City

FT. LAUDERDALE

FL

Zip Code

33309

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, 2002 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

TITLE ☐ Delete
NAME **RUBEN, DAVID**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **P D**
STREET ADDRESS **RUBEN, DAVID**
CITY-ST-ZIP **301 NE 23RD AVE**
FT. LAUDERDALE, FL 33301

TITLE ☐ Change ☒ Addition
NAME **STD**
STREET ADDRESS **PATTEN, THOMAS**
CITY-ST-ZIP **1630 N. OCEAN BLVD #914**
POMPAHO BEACH, FL 33062

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **RANDOLPH, DAVID**
CITY-ST-ZIP **3024 WASHLAND TERR**
CLAREMONT, FL 33761

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **RTANNA, RICHARD**
CITY-ST-ZIP **2881 NE 33 CT**
FT. LAUDERDALE FL 33301

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **MURDOCK, MIKE**
CITY-ST-ZIP **17630 GULF BLVD #5**
INDIAN SHORES, FL 33785

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: **THOMAS F. PATTEN** **4-22-02** **(954) 776-6773**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/01)