

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90047 005 \*\*\*150.00

**DOCUMENT # P01000015193**

**1. Entity Name**  
**FISHINGLIFE MANUFACTURING COMPANY**



**Principal Place of Business**  
**701 N. W. 57TH PLACE**  
**FT. LAUDERDALE FL 33309**

**Mailing Address**  
**701 N. W. 57TH PLACE**  
**FT. LAUDERDALE FL 33309**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-1115655** **APPLIED FOR**

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**

**PATTEN, THOMAS F**  
**701 N. W. 57TH PLACE**  
**FT. LAUDERDALE FL 33309**

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

**SIGNATURE** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PD** ☐ Delete  
**NAME** **RULIEN, DAVID**  
**STREET ADDRESS** **301 NE 23RD AVENUE**  
**CITY-ST-ZIP** **FORT LAUDERDALE FL 33301**

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

**TITLE** **STD** ☐ Delete  
**NAME** **PATTEN, THOMAS**  
**STREET ADDRESS** **1630 N OCEAN BLVD, #914**  
**CITY-ST-ZIP** **POMPANO BEACH FL 33062**

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

**TITLE** **D** ☒ Delete  
**NAME** **RAINPOUR, DAVID**  
**STREET ADDRESS** **3024 ASHLAND TERR**  
**CITY-ST-ZIP** **CLEARWATER FL 33761**

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

**TITLE** **D** ☐ Delete  
**NAME** **TANNER, RICHARD**  
**STREET ADDRESS** **2881 NE 33 COURT**  
**CITY-ST-ZIP** **FORT LAUDERDALE FL 33301**

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

**TITLE** **D** ☒ Delete  
**NAME** **MURDOCK, MIKE**  
**STREET ADDRESS** **19630 GULF BREEZE #5**  
**CITY-ST-ZIP** **INDIAN SHORES FL 33785**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**1-27-03 (310) 393-3545**

Date

Daytime Phone #

CR2E034 (10/02)