

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000029527

1. Entity Name
IGOTTAFISH, INC.

Principal Place of Business
2206 NE 26TH ST
FT LAUDERDALE FL 33305

Mailing Address
2206 NE 26TH ST
FT LAUDERDALE FL 33305

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

46-0491458

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

GUNDLACH, WILLIAM
2780 E OAKLAND PARK BLVD
FT LAUDERDALE FL 33306

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D GUNDLACH, JON E 2317 NE 12TH CT FT LAUDERDALE FL 33304	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 11, 2002 8:00 am
Secretary of State

04-02-2002 90926 029 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

SunTrust Bank, South Florida, N.A.
Las Olas Office
P.O. Box 405100
Ft. Lauderdale, FL 33340-5100

20082008

CHECK NO.

618172

One Hundred Fifty

DATE _____

Mar 12/2002	\$150.00
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PAY TO THE ORDER OF

Florida Dept of State

Igottafish, Inc. 2002 UBR

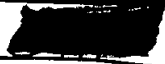
Wm. Lundquist

11002008 1:067006075:041700623547510

0005100000

Attachment [REDACTED] 4/208
Doc. # 101000029527

41208

Attachment  4/208
Doc. # P01000029527

**IGOTTAFISH, INC.
2206 NE 26TH STREET
FT. LAUDERDALE, FL 33305**

**Phone: 954-568-0865
Fax: 954-568-0188**

July 25, 2002

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: P01000029527

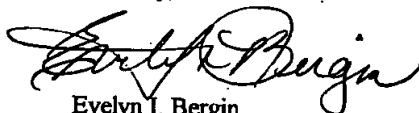
Dear Sir/Madam,

Attached please find the 2002 UBR report with the EIN #46-0491458. At the time of filing, the EIN number was applied for. Also, please reference the attached copy of canceled check #2008, dated 3/12/02 and deposited 03/30/02 for the filing fee.

After your receipt and review, kindly place IGOTTAFISH, INC. in good standing for year 2002.

If you have any questions regarding the above, kindly contact me at 954-564-8993.

Sincerely,



Evelyn I. Bergin
Office Administrator

Attachment [REDACTED] 41208
Doc. # 10100002957

ENDORSE HERE:

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 1009068796

MAR 30 2002

DO NOT SIGN / WRITE / STAMP BELOW THIS LINE
FOR FINANCIAL INSTITUTION USAGE ONLY

POCKET 431
04/17/02

SYSTEM 447
PROCESSED

04172002

INCL

1009068796

SINISTRIST ORL

1366-002

BANK OF AMERICA-NA JAX
04/16/02

04/16/02

654033594

FEDERAL RESERVE BANK REGULATION CC



The security feature listed below, as well as those
not listed, are covered industry guidelines.
MicroPrint Signature Line Small type in signature line appears
as dotted line when photocopied
Absence of "Original Document" verbiage on back of check