

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90035 040 ***150.00

DOCUMENT # P01000036940

1. Entity Name
HOOK, LINE & SINKER GUIDE SERVICE, INC.

Principal Place of Business 4703 MATHIS ST. LAKE WORTH FL 33461	Mailing Address 4703 MATHIS ST. LAKE WORTH FL 33461
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 16836 162ND ROAD N. Suite, Apt. #, etc.	3. Mailing Address 16836 162ND ROAD N. Suite, Apt. #, etc.
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City & State Loxahatchee FL	City & State Loxahatchee FL	4. FEI Number Applied For	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
Zip 33470	Country Palm Bch	Zip 33470	Country Palm Bch	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MCDONOUGH, MICHAEL D
 12798 FOREST HILL BLVD., STE. 201A
 WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name **Doug Kimball**
 Street Address (P.O. Box Number is Not Acceptable)
16836 162nd Rd N.
 City **Loxahatchee** **FL** Zip Code **33470**

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]* DATE **4/3/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Kimball Doug Kimball 16836 162nd Rd N Loxahatchee, FL 33470	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]* DATE **4/3/02** (813) 790 2975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/01)