

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90033 039 ***150.00

DOCUMENT # P01000075704

1. Entity Name
FISH LIPS INC.



Principal Place of Business
**726 NORTH ATLANTIC AVE~
DAYTONA BEACH FL 32118**

Mailing Address
**125 OCEANSHORE BLVD
ORMOND BEACH FL 32176**

0000000000



2. Principal Place of Business

102 S. Peninsula Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach Fl.

City & State

4. FEI Number

11-3657939

Applied For

Not Applicable

Zip

Country

Zip

Country

32118

USA

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

**STEPHENS, MARY E
125 OCEANSHORE BLVD
ORMOND BEACH FL 32176**

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 *Mary E. Stephens*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/06/03

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PMD** ☐ Delete
NAME **STEPHENS, MARY**
STREET ADDRESS **125 OCEANSHORE BLVD**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

TITLE **PMD, V, ST, C** ☒ Change ☐ Addition
NAME **Stephens, Mary**
STREET ADDRESS **125 Oceanshore Blvd.**
CITY-ST-ZIP **Ormond Bch. Fl. 32176**

TITLE **V** ☒ Delete
NAME **STEPHENS, BILL**
STREET ADDRESS **125 OCEANSHORE BLVD**
CITY-ST-ZIP **ORMOND BEACH FL 32176**

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

TITLE **ST** ☒ Delete
NAME **SCHEIDEGGER, JUDY**
STREET ADDRESS **12 ARBOR LAKES PK**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

TITLE **C** ☒ Delete
NAME **SCHEIDEGGER, WILLIAM**
STREET ADDRESS **12 ARBOR LAKES PK**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

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

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:

Mary E. Stephens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/03
Date

386
673-0725
Daytime Phone #

CR2E034 (10/02)