

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90038 047 ***550.00

DOCUMENT # P01000081524

1. Entity Name
SALT WATER ANGLING TECHNOLOGIES, INC.



Principal Place of Business
ACCOUNTING & BUSINESS CONSULTANTS INC.
17 ROSE DRIVE
FORT LAUDERDALE FL 33316

Mailing Address
ACCOUNTING & BUSINESS CONSULTANTS INC.
17 ROSE DRIVE
FORT LAUDERDALE FL 33316

2. Principal Place of Business
c/o Acctg. & Bus. Cnslts.

3. Mailing Address
c/o Acctg. & Bus. Cnslts.

1535 SE 17th St., B206
Fort Lauderdale, FL
33316 U.S.

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Fort Lauderdale, FL
33316 U.S.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1132569**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75-Additional Fee Required**

6. Name and Address of Current Registered Agent

BANKSTON, PARKER
2436 N. FEDERAL HWY. STE 404
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

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

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**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BANKSTON, PARKER**
STREET ADDRESS **2436 N. FEDERAL HWY. STE. 404**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 11 2003
DATE **Daytime Phone #**

CR2E034 (10/02)