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FILED
Jun 03, 2002 8:00 am
Secretary of State

05-08-2002 90148 034 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000084131

1. Entity Name
JENA FISH INC.

DO NOT WRITE IN THIS SPACE

- 34144

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
HWY 358		BOX 334	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: JENA FL		City & State: Grant FL.	
Zip: 32359	County: Dixie	Zip: 32949	County: Brevard

4. FEI Number: 59-3742520 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent
Name: David H. Jacoby Esquire
Street Address (P.O. Box Number is Not Acceptable): 1581 Robert J Conlan Blvd. NE Ste 100
City: Palm Bay FL Zip Code: 32905

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, 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) ☑

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE	D	TITLE	
NAME	Sewell FRANK J	NAME	
STREET ADDRESS	5600 old Dixie Hwy	STREET ADDRESS	
CITY-ST-ZIP	Grant FL.	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Frank Sewell FRANK Sewell 4-29-02 321 639 2166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #