FILED
Aug 12, 2002 8:00 am
Secretary of State
08-12-2002 90009 035 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000094025

1. Entity Name

L & S FISH, INC.

973915

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
P.O. BOX 2070		3330 NORTH SIDE DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #401	
City & State KEY WEST, FL		City & State KEY WEST, FL	
Zip 33040	Country	Zip 33040	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0566427 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SANTELLI DAMON

Street Address (P.O. Box Number is Not Acceptable): 3330 NORTH SIDE DR, #401

City: KEY WEST FL Zip Code 33040

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	SANTELLI, DAMON	NAME	
STREET ADDRESS	P.O. BOX 2070	STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 33040	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	

DO NOT WRITE IN THIS SPACE

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: [signature] 06/08/02 (305) 295-7336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
a73915

P01000094025

L & S Fish, Inc.
P.O. Box 2070
Key West, FL 33040

August 5, 2002

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Certified return receipt # 7002 0510 0001 9437 1282

Ladies and Gentlemen:

Please find enclosed the 2002 Uniform Business Report. When I got together with my accountant, she asked me if I had paid for the 2002-UBR as she had not seen it with my paperwork. I told her that I did not receive any form in the mail. Accordingly, per her advice, I immediately requested a blank form which am enclosing with this letter together with the $150 payment.

Given the fact that I did not receive your form this year, I am respectfully requesting that the penalties be abated. Please note that I will make sure this will never happen again, as that was my first year in business.

Thank you in advance for your most valuable cooperation.

Very truly yours,

Damon Santelli
Director