

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

P.O. Box 2040

3. Mailing Address

3330 NORTH SIDE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

401

DO NOT WRITE IN THIS SPACE

City & State

KEY WEST, FL

City & State

KEY WEST, FL

4. FEI Number

01-0566424

Applied For

Not Applicable

Zip

33040

Country

Zip

33040

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANTELLI DAMON

Street Address (P.O. Box Number is Not Acceptable)

3330 NORTH SIDE DR, #401

City

KEY WEST

FL

Zip Code

33040

**DO NOT WRITE
IN THIS SPACE**

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 \$81.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
SANTELLI, DAMON
P.O. Box 2040
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Damon Santelli*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone: #

08/08/02 (305) 295-7326

CR2E034B (12/01)

Attachment
973915

L & S Fish, Inc.

P.O. Box 2070

Key West, FL 33040

PO1000094025

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

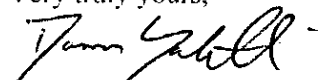
Ladies and Gentlemen:

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