

FILED  
Apr 24, 2003 8:00 am  
Secretary of State

04-24-2003 90279 042 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000094025

1. Entity Name  
L & S FISH, INC.



Principal Place of Business  
3330 NORTH SIDE DRIVE  
#401  
KEY WEST, FL 33040

Mailing Address  
P.O. BOX 2070  
KEY WEST, FL 33040

11013959



2. Principal Place of Business

3. Mailing Address

3330 Northside Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 401

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Key West, FL

4. FEI Number  
01-0566427

Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

33040

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

SANTELLI, DAMON  
3330 NORTH SIDE DR, #401  
KEY WEST, FL 33040

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SANTELLI, DAMON  
PO BOX 2070  
KEY WEST, FL 33040 ☐ Delete

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

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☐ Change ☐ Addition

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

Date

Daytime Phone #

04/20/03 (305) 923-0700

CR2E034 (10/02)