

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

DOCUMENT #P01000118937

1. Entity Name

SPORTFISH INSURANCE, INC.



**FILED
Apr 25, 2003 8:00 am
Secretary of State**

04-25-2003 90282 024 ***150.00

90105975

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
256 S.W. 11th Street

Suite, Apt. #, etc.

3. Mailing Address
256 S.W. 11th Street

Suite, Apt. #, etc.

City & State
Pompano Beach, FL

Zip *33060* Country *USA*

City & State
Pompano Beach, FL

Zip *33060* Country *USA*

4. FEI Number

65-1159936

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Paul V. Anselmo*

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

256 S.W. 11th Street

City *Pompano Beach*, FL Zip Code *33060*

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

Paul V. Anselmo

4/21/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when restating)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make 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

TITLE *PRESIDENT*
NAME *PAUL V. ANSELMO*
STREET ADDRESS *256 S.W. 11th Street*
CITY-ST-ZIP *Pompano Beach, FL 33060*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE: *Paul V. Anselmo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/03

(954)684-8790
Daytime Phone #

CR2E034B (12/02)