


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

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

04-25-2003 90282 024 ***150.00

DOCUMENT # PO1000118937	
1. Entity Name SPORTFISH INSURANCE, INC.	

DO NOT WRITE IN THIS SPACE

90105975

2. Principal Place of Business 256 S.W. 11th Street		3. Mailing Address 256 S.W. 11th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pompano Beach, FL		City & State Pompano Beach, FL	
Zip 33060	Country USA	Zip 33060	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 65-1159936		Applied For <input type="checkbox"/>
			Not Applicable <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/> \$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 <u>changing its registered office</u> 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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 4/21/03 <small>(NOTE: Registered Agent signature required when reinstating)</small>

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PAUL V. ANSELMO 256 S.W. 11th Street Pompano Beach, FL 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 4/21/03	DAYTIME PHONE # (954) 684-8790

CR2E034B (12/02)