

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90196 041 ***150.00

DOCUMENT # P02000002258--

1. Entity Name

MARCO FISHING CHARTER, INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

151 LEEWARD CT.

3. Mailing Address

151 LEEWARD CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MARCO ISLAND FL

City & State

MARCO ISLAND FL

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

34145

Country

USA

Zip

34145

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DONNA THEIS

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

151 LEEWARD CT.

City

MARCO ISLAND

FL

Zip Code

34145

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Donna Theis DONNA THEIS - DIRECTOR

4-3-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 DIRECTOR
NAME ANTHONY S. THEIS
STREET ADDRESS 151 LEEWARD CT
CITY-ST-ZIP MARCO ISLAND, FL 34145

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR
NAME DONNA THEIS
STREET ADDRESS 151 LEEWARD CT.
CITY-ST-ZIP MARCO ISLAND, FL 34145

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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:

Donna Theis DONNA THEIS

Date

4-3-03

Daytime Phone #

239-389-1367

CR2E034B (12/02)