

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

0002291
AV

DOCUMENT # **P02000018277**

1. Entity Name
H.M.S. SPORTFISHING, INC.



FILED

03 NOV 13 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**205 SOUTH ATLANTIC AVENUE
ORMOND BEACH FL 32176**

Mailing Address
**205 SOUTH ATLANTIC AVENUE
ORMOND BEACH FL 32176**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

FEI Number
03-0289160

Applicable
Not Applicable

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

**HUGHES, BARRY E
2001 S. RIDGEWOOD AVENUE
SOUTH DAYTONA FL 32119**

Name **Allen Hughes**
Street Address (P.O. Box Number is Not Acceptable)
205 S Atlantic Ave
City **Ormond Beach** FL Zip Code **32176**

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

**1-3-03 originally
11-5-03 today**

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D HUGHES, ALLEN G
205 SOUTH ATLANTIC AVENUE
ORMOND BEACH FL 32176** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

386-672-674

CR2E034 (4/03)

November 5th, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: HMS Sportfishing Inc.

Dear Sir/Madame;

Recently I received a notice of Dissolution sent for the above styled corporation. Please note that the original form was sent to you on January 3rd, 2003, along with the appropriate \$150.00 fee.

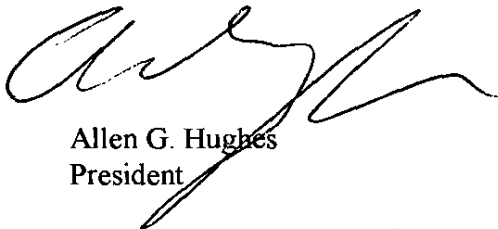
Some time after that, I received notice that I had inadvertently left off the FEI number. I resubmitted the form with the FEI number, along with a letter, a copy of which is attached

It is after that that I have received the notice of Dissolution. Please note that the \$150.00 check sent January 3rd, 2003 has never been returned, I ask that you reinstate the corporation, waiving any penalty, as my intention of timely filing and paying is evidenced by my January 3rd, 2003 mailing.

I can be reached at 386-761-2335 should you have any questions, or mail response to the address indicated on the form.

Thank you for your attention.

Sincerely,



Allen G. Hughes
President