2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P02000023342

1. Entity Name

FISHIN MISSION, INC.



FILED Jan 14, 2003 8:00 am Secretary of State 01-14-2003 90057 038 ***150.00



Principal Place of Business 1823 SW 29TH TERRACE OCALA FL 34474			1823	Mailing Address 1823 SW 29TH TERRACE OCALA FL 34474							 	
2. Principal Place of Business			3. Ma	3. Mailing Address								
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
City & State			City	City & State				FEI Number 37 - 1423 8	7.5		opplied For	
Zip		Country	Zip		Country			Certificate of Status Desir		\$8.75 At		
	6. Name	and Address of Curre	nt Register	ed Agent ~		74° 4 2	7. i	Name and Address of N	ew Registere		ea	
				· •			Name					
PLANT, GORDON C 1823 SW 29TH TERRACE					s	Street Address (P.O. Box Number is Not Acceptable)						
OCALA FI										_		
	•				С	ity			F	Zip Co	de	
8. The above the obligat	named entity tions of registe	submits this statement red agent.	for the purp	oose of changing its	s registered of	ffice or regis	stered ag	ent, or both, in the State of	of Florida. I a	m familiar with	, and accept	
SIGNATURE .		printed name of registered age	ent and title if app	olicable. (NOTI	E: Registered Age	nt signature requ	uired when re	einstating)	DATE			
Afte	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.00 Florida Department				· -,-		9. Election Campaig Trust Fund Contrib			OO May Be d to Fees	
10. OFFICERS AND			D DIRECTO	DIRECTORS 11.			AD	L DITIONS/CHANGES TO	OFFICERS A	ND DIRECTOR	RS IN 11	
TITLE Name Street address City-St-Zip	PLANT, GO 1823 SW 2 OCALA FL	RDON C 9TH TERRACE		☐ Delete	TITLE NAME STREET AD CITY-ST-Z					Change	Addition	
TITLE Name Street address City-St-Zip				□ Delete	TITLE NAME STREET ADI CITY-ST-Z					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•			☐ Delete	TITLE NAME STREET ADI CITY-ST-Z	Į.			. ,	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI					☐ Change	Addition .	
ITLE IAME STREET ADDRESS CITY-ST-ZIP	_			☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI			***************************************		☐ Change	Addition	
ITLE IAME TREET ADORESS HTY-ST-ZIP		,	,, <u>-</u>	☐ Delete	TITLE NAME STREET ADD			_		☐ 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 attact them the information supplied with all other like empowered.

SIGNATURE:

352-873-3573