

FILED
Jul 03, 2003 8:00 am
Secretary of State

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05-05-2003 91456 031 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

55050448

DOCUMENT # P02000063113

1. Entity Name
FLORIDA FISHING HEADQUARTERS, INC.

Principal Place of Business
81955 OLD HIGHWAY
ISLAMORADA, FL 33036

Mailing Address
P O BOX 646
ISLAMORADA, FL 33036

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

4. FEI Number
65-0821533

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
MURRAY, STEPHEN R
81955 OLD HIGHWAY
ISLAMORADA, FL 33036

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 hereby withdrawing, and except the obligations of registered agent.

SIGNATURE
Signature and printed name of agent, director, officer, or authorized officer

9. Election Campaign Financing
True Fund Contribution ☐ \$5.00 May Be
Added to Fee

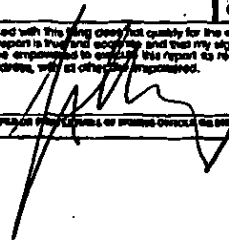
10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DATE
D	MURRAY, STEPHEN R	81955 OLD HIGHWAY	ISLAMORADA, FL 33036	☐
P	MURRAY, RICHARD A	119 SOUTH DR	ISLAMORADA, FL 33036	☐
D	WALCZAK, ROBERT	119 SOUTH DR	ISLAMORADA, FL 33036	☐
				☐
				☐
				☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DATE
				☐
				☐
				☐
				☐
				☐

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(2)(3), Florida Statutes. I further certify that the information disclosed in this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. If more than one officer or director of the corporation or the receiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes, and that my name appears in block 10 or block 11, I certify, or an attachment with an address, will be attached thereto.

SIGNATURE:  6-25-03 (305) 644-3322

SIGNATURE AND PRINTED NAME OF OFFICER, DIRECTOR, OR AUTHORIZED OFFICER