## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **FILED** May 27, 2003 8:00 am Secretary of State

5/1

05-01-2003 90293 037 \*\*\*150.00

P02000069410 **DOCUMENT #** 1. Entity Name

Principal Place of Business

ON THE HOOK, INC.

1731 INDIAN RIVER DR. SEBASTIAN FL 32958

Mailing Address

1736-INDIAN RIVER DR. SEBASTIAN FL 32958

55043822



l. Principal Place of Business		a. Mailing Address	s '		S stern ser all webt rem abilt dern entit stilb ditte tent 92011 jiett enti 1907		
Suite, Apt. #, et	C.	Suite, Apt, #, etc	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		132-00/92	78	Applied For
Zip	Country	Zip	p Cour		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			
<del></del>			_	Name			
FINANCIAL FOUNDATIONS, INC.							
3150 SANDY RIDGE DR				Street Address (P.O. Box Number is Not Acceptable)			
CLEARWATER			Ī				
			Ţ	City		FL	Zip Code
	ed entity submits this stateme of registered agent.	nt for the purpose of chang	ging its registered	d office or regi	stered agant, or both, in the State of Florid	ia. 1 am fan	miliar with, and accept

Signature, typed or contect name of registered egent and tide if applicable. FILE NOW!!! FEE IS \$150.00

SIGNATURE

(NOTE: Registered Agent signature required when releatating)

CATE

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

CR2E034 (10/02)

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Addition □ Delete NAME FITZPATRICK, CYNTHIA NAME STREET ADORESS STREET ADDRESS 1731 INDIAN RIVER DR. CITY-ST-ZIP CITY-ST-ZIP SEBASTIAN FL 32958 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ППЕ ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling dees 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 attachment

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