2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-07-2003 90182 005 ***150.00

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DOCUMENT # P02000078438

1. Entity Name
CAPTAIN BILL FEHL FISHING CHARTERS, INC.

Principal Place of Business	Mailing Address
11843-104TH LANE NORTH	11843-104TH LANE NORTH
LARGO FL 33773	LARGO FL 33773

2. Principal Place of Business	3. Mailing Address
9659-125th St.	9659-125th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State, Seminole, FL.	City & State Seminole, FL.
Zip 33776 Country	Zip 33776 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2367929 | Applied For | 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
FEHL, WILLIAM	Name
11843-104TH LANE NORTH	Street Address (P.O. Box Number is Not Acceptable)
LARGO FL 33773	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 familiar with, and accept the obligations of registered agent.

SIGNATURE William Fehl 4/1/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	FEHL, WILLIAM		NAME		
STREET ADDRESS	11843-104TH LANE NORTH		STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 33773		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/1/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #