

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

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90101 015 ***150.00

DOCUMENT # <i>P02000082351</i>
1. Entity Name NEW VENTURE FISHING, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. 1860 TANGLEWOOD DR, N E City & State ST. PETERSBURG FL Zip 33702	3. Mailing Address Suite, Apt. #, etc. 1860 TANGLEWOOD DR, N E City & State ST. PETERSBURG FL Zip 33702
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DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2077675	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name INGRANDE, LEONARD J
Street Address (P.O. Box Number is Not Acceptable) 1799 TANGLEWOOD DR, N.E.
City ST PETERSBURG FL Zip Code 33702

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 _____

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D INGRANDE, LEONARD J 1799 TANGLEWOOD DR, N.E. ST. PETERSBURG FL 33702	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D INGRANDE, SALVATORE J 2153 TANGLEWOOD WAY, N.E. ST. PETERSBURG FL 33702	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D INGRANDE, CHRISTOPHER J 1367 51 AVE, N.E. ST. PETERSBURG FL 33703	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAIOLO, DIANE I 1860 TANGLEWOOD DR, N.E. ST. PETERSBURG FL 33702	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Liane Maiolo* *Diane Maiolo* 3-18-03 (727) 522-6183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)