

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90322 024 ***550.00

0132734 AT

DOCUMENT # P02000103204

1. Entity Name

J. F. FISH & CRITTERS, INC.



Principal Place of Business

P. O. BOX 480308
DELRAY BCH FL 33448

Mailing Address

P. O. BOX 480308
DELRAY BCH FL 33448

2. Principal Place of Business

21127 NW 252nd St

3. Mailing Address

same as 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerchoyee FLA

City & State

4. FEI Number

56-2245906

Applied For

Not Applicable

Zip

34972

Country

USA

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PATTERSON, BOND & LATSHAW, P.A.
3010 SOUTH THIRD ST.
JACKSONVILLE BCH FL 32250

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 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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE PD
NAME FINGER, JEFFREY A
STREET ADDRESS P. O. BOX 480308
CITY-ST-ZIP DELRAY BCH FL 33448 ☐ Delete

TITLE VD
NAME HAUBLE, STEVEN J
STREET ADDRESS P. O. BOX 480308
CITY-ST-ZIP DELRAY BCH FL 33448 ☐ Delete

TITLE SD
NAME PACKARD, SARAH
STREET ADDRESS P. O. BOX 480308
CITY-ST-ZIP DELRAY BCH FL 33448 ☐ Delete

TITLE TD
NAME SCHNELL, ALVIN L
STREET ADDRESS P. O. BOX 480308
CITY-ST-ZIP DELRAY BCH FL 33448 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863 467 7859

CR2E034 (4/03)