

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90233 046 ***150.00

DOCUMENT # P93000056080

1. Entity Name
FISHIN' OFF, INC.



Principal Place of Business
**14504 60TH ST., N
CLEARWATER FL 33776**

Mailing Address
**14504 60TH ST., N
CLEARWATER FL 33776**



2. Principal Place of Business

139 Bluff View Dr.

3. Mailing Address

PO Box 1087

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bldg. 3 #302

City & State

City & State

Belleair Bluffs, FL.

Indian Rocks Beach, FL.

Zip

Country

Zip

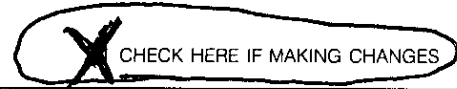
Country

33770

USA

33785

USA



4. FEI Number **59-3194080**

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

**BISAGNA, JEFFREY
139 BLUFF VIEW DRIVE BLDG 3, APT 302
BELLEAIR BLUFFS FL 33770**

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 **Jeffrey Bisagna**
Signature, typed or printed name of registered agent and title if applicable.

Director

(NOTE: Registered Agent signature required when reinstating)

3-18-2003

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 **D** ☐ Delete
NAME **BISAGNA, JEFFREY**
STREET ADDRESS **139 BLUFF VIEW DR., BLDG. 3, APT. 302**
CITY-ST-ZIP **BELLEAIR BLUFFS FL 33770**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

Jeffrey Bisagna
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-03 (27) 458-2752
Date Daytime Phone #

CR2003 (10/02)