

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 2002

02-10-2002 90010 046 ***150.00
P93000072275

DOCUMENT # P 93000072275
1. Entity Name
SISSY BABY SPORT FISHING, INC.

FILED
02 JUL -2 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

36941

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12765 W. Forest Blvd. Suite, Apt. #, etc. 1305		3. Mailing Address P.O. Box 4716 Suite, Apt. #, etc.	
City & State Wellington, FL		City & State Ft. Lauderdale, FL	
Zip 33414	Country	Zip 33338	Country
4. FEI Number 65-0443837		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 Albert Oakley		
	Street Address (P.O. Box Number is Not Acceptable) 12765 W. Forest Hill Blvd. Suite 1305		
	City Wellington	FL	Zip Code 33414

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.
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00. After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
--	---	---

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Oakley, Albert 12765 W. Forest Hill Blvd # 1305 Wellington, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S/T Oakley, Josephine 12765 W. Forest Hill Blvd. # 1305 Wellington, FL 33414	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Image / APS rejected in error on Feb 12, 2002

13. 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 11 or on an attachment with an address, with all other filers empowered.

SIGNATURE: Albert Oakley ALBERT OAKLEY 1/19/02 305-531-4223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)