

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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90946 003 \*\*\*150.00

DOCUMENT # **P94000016386**

1. Entity Name

**FISH CHASER, Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**106 WOODSMUIR COURT**

Suite, Apt. #, etc.

3. Mailing Address

**106 WOODSMUIR COURT**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**PAUM BEACH GARDENS FL**

City & State

**PAUM BEACH GARDENS FL**

4. FEI Number

**65-0463750**

Applied For

Not Applicable

Zip

**33418**

Country

**US**

Zip

**33418**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**EK, ANN**

Street Address (P.O. Box Number is Not Acceptable)

**106 WOODSMUIR COURT**

City

**PAUM BEACH GARDENS FL**

Zip Code

**33418**

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

**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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
EK, ANN  
106 WOODSMUIR COURT  
PAUM BEACH GARDENS FL 33418**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
EK, DONALD  
106 WOODSMUIR COURT  
PAUM BEACH GARDENS FL 33418**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
GOLDIN, ARNOLD S  
1101 TEALWOOD DR  
VIRGINIA BEACH VA 23456**

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

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**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)