

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000071981

1. Entity Name
FISH MASTER, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90096 029 ***150.00

Principal Place of Business
18212 DEEP PASSAGE LN
FT MYERS BEACH FL 33931

Mailing Address
18212 DEEP PASSAGE LN
FT MYERS BEACH FL 33931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0524236

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

ELLISON, LARRY D
17274 SAN CARLOS BLVD
SUITE 202
FT MYERS BEACH FL 33931

Name WORDEN & ASSOCIATES PA
Street Address (P.O. Box Number is Not Acceptable)
16521 SAN CARLOS BLVD
City FT MYERS FL Zip Code 33908

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 *Thomas E. Worden CPA* *Thomas E. Worden, CPA* 4-24-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME SCHMIDT, ERIC
STREET ADDRESS 18212 DEEP PASSAGE LN
CITY-ST-ZIP FT MYERS BEACH FL 33931 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eric Schmidt* ERIC SCHMIDT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 941-437-1630
Date Daytime Phone #

CR2E034 (10/00)