

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90248 021 ***150.00

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DOCUMENT # P94000071981

1. Entity Name
FISH MASTER, INC.

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
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

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
 WORDEN & ASSOCIATES PA
 16521 SAN CARLOS BLVD
 FORT MYERS FL 33908

7. Name and Address of New Registered Agent
 Name: KENNETH T. STRONG c/o Miller Helms & Foley, P.A.
 Street Address (P.O. Box Number is Not Acceptable): 6326 WHISKEY CREEK DR STE A
 City: Fort Myers FL Zip Code: 33919

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 *Kenneth T. Strong* **KENNETH T. STRONG** **4/23/02**
Signature, typed or printed name of registered agent, 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. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D SCHMIDT, ERIC 18212 DEEP PASSAGE LN FT MYERS BEACH FL 33931 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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* **SIGNATURE REQUIRED** **ERIC SCHMIDT, PRESIDENT** **4/25/02** **941-437-1630**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)