

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90030 049 ***150.00

DOCUMENT # P95000017795

1. Entity Name
INSHORE SALT WATER ANGLERS, INC.

Principal Place of Business P.O. BOX 550708 JACKSONVILLE FL 32255 US	Mailing Address P.O. BOX 550708 JACKSONVILLE FL 32255-0708 US
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913932



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3297544		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
WENZEL, DAVID L 12225 DIVIDING OAKS TRAIL EAST JACKSONVILLE FL 32223				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARUEACI, MICHEAL		NAME	F. ROBERT NEYER	
STREET ADDRESS	1835 OAKWATER DR.		STREET ADDRESS	2314 FOXWOOD DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32225		CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, LEO		NAME	LEO WARNER	
STREET ADDRESS	115 S. ROSCOE BLVD		STREET ADDRESS	115 S. ROSCOE BLVD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082		CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIFORD, MAX		NAME	DAVID L. WENZEL	
STREET ADDRESS	2300 TWELVE OAKS K-13		STREET ADDRESS	12225 DIVIDING OAKS TRAIL EAST	
CITY-ST-ZIP	ORANGE PARK FL 32065		CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRICE, JAMES		NAME	R. W. BOWEN	
STREET ADDRESS	11586 INEZ DRIVE		STREET ADDRESS	437 PEREGRINE COURT	
CITY-ST-ZIP	JACKSONVILLE FL		CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DARVEAU, NANCY		NAME	DONALD CORBETT	
STREET ADDRESS	1835 OAKWATER DR.		STREET ADDRESS	10426 OSPREY NEST DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32225		CITY-ST-ZIP	JACKSONVILLE FL 32227	
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MARK YUGARTIS	
STREET ADDRESS			STREET ADDRESS	11007 MANDARIN STATION DRIVE	
CITY-ST-ZIP			CITY-ST-ZIP	JACKSONVILLE FL 32227	

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: David L. Wenzel **DAVID L. WENZEL** 2/1/00 (904) 279-9310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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Stamp# 913952

ADDENDUM TO 2000 UNIFORM BUSINESS REPORT
INSHORE SALTWATER ANGLERS, INC.

DIRECTOR

WILBUR HICKS

6155 CATOMA ST.

JACKSONVILLE FL 32244

DIRECTOR

ELMER HARTLEY

10709 COLEMAN ROAD

JACKSONVILLE FL 32257