

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90100 026 ***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
US



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
59-3297544

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **YUGARTIS, MARK**
STREET ADDRESS **1102 MANDARIN STATION DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **JOHN STURMAN**
STREET ADDRESS **10137 PINEBREEZE ROAD W**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

TITLE **D** ☒ Delete
NAME **DARVEAU, MICHAEL**
STREET ADDRESS **12519 BLUE EAGLE WAY**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **TERRY STURGEON**
STREET ADDRESS **8724 SANLANDO AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **T** ☐ Delete
NAME **WENZEL, DAVID L**
STREET ADDRESS **12225 DIVIDING OAKS TRAIL E**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **PHILIP MICKLER**
STREET ADDRESS **4420 HUDNALL ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☒ Delete
NAME **GARRET, BRIAN**
STREET ADDRESS **1179 LINWOOD LOOP**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **CHARLES NEWTON**
STREET ADDRESS **325 LOLLY LANE**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **S** ☒ Delete
NAME **PETTY, PHILIP**
STREET ADDRESS **5435 SPRING BROOK ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **DOUG CARROLL**
STREET ADDRESS **4277 GLENVIEW ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☒ Delete
NAME **HELMS, JAMES**
STREET ADDRESS **13 SANDRA DRIVE**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32250**

TITLE **DIRECTOR** ☒ Change ☐ Addition
NAME **ALBERT WYSS**
STREET ADDRESS **6949 RIVERCREST DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32226**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DAVID L WENZEL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03
Date

904-262-2795
Daytime Phone #

CR2E034 (10/02)