

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2002 8:00 am**  
**Secretary of State**

08-29-2002 90004 047 \*\*\*150.00

**DOCUMENT # P95000020271**

**1. Entity Name**  
**EVERGLADES PRO BASS CENTER, INC.**

**Principal Place of Business**

**8246 GRIFFIN RD**  
**DAVIE FL 33328**

**Mailing Address**

**8246 GRIFFIN RD**  
**DAVIE FL 33328**

**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** **65-0566727**

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**

**FITZSIMMONS, JUDY**  
**8246 GRIFFIN ROAD**  
**DAVIE FL 33328**

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

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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** **DP** ☐ Delete  
**NAME** **FITZSIMMONS, PATRICK**  
**STREET ADDRESS** **2280 SW 42ND WAY**  
**CITY-ST-ZIP** **FT LAUDERDALE FL 33317**

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

**TITLE** **ST** ☐ Delete  
**NAME** **FITZSIMMONS, JUDITH**  
**STREET ADDRESS** **2280 SW 42ND WAY**  
**CITY-ST-ZIP** **FT LAUDERDALE FL 33317**

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

**TITLE** ☐ Delete  
**NAME**  
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**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:**

*Judy Fitzsimmons*

8/29/02

1-954-434-4495

CR2E034 (4/02)

Attachment  
R#P95002027

977254

AS per our phone call  
on 8/26/02, I am sending  
\$150<sup>00</sup> TO TAKE CARE OF THIS  
BILL. We did not receive  
THE first mailing and AS  
I instructed I am mailing  
THE \$150<sup>00</sup>.

THANK you

Pat Himmis

Everglades Pro Bass

1-954-434-4495

IF THERE IS ANY FURTHER  
INFO NEEDED PLEASE CALL.