2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020271

1. Entity Name

EVERGLADES PRO BASS CENTER, INC.



FILED Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90073 008 ***150.00

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Principal Place of Business 8246 GRIFFIN RD DAVIE FL 33328			Mailing Address 8246 GRIFFIN RD DAVIE FL 33328					2. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14				
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8246 (CO.F.F.F.) Pd. Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
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DAVIE FLORIDA			City & State DAULE FLORIDA			4 . Fi	El Number 65-0566727		Applied For Not Applicable			
33328 USA				20 8568		ntry A	5 . C	ertificate of Status Desired	□ \$	8.75 Ad ee Require	lditional ed	
	6. Name	and Address of Curren	Register	ed Agent			7. N	ame and Address of New R	egistered Ag	ent]
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	ons, Judy Fin Road		Street Address			P.O. Box Number is Not Acceptable)					1	
DAVIE FL		* //8.		_			•			+		
DAVIE FE	333 <u>2</u> 0		-9-									_
						City			FL	Zip Cod	le	
8. The above the obligat	named entity tions of registe	submits this statement fred agent.	or the purp	oose of changing its	registere	ed office or registere	ed age	nt, or both, in the State of Flo	rida. I am fai	niliar with,	and accept	
SIGNATURE .	Signature, typed or	r printed name of registered agen	and title if app	olicable. (NOTI	E: Registere	d Agent signature required	when rein	stating)	DATE			
- F	il F NOW!!!	FEE IS \$150.00	بالازمية		- ,		T					+
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department o			State					'9. Election Campaign Final Trust Fund Contribution			00 May Be do to Fees	- 2
10.		OFFICERS AND	DIRECTO	I PRS	11.	•	ADD	ITIONS/CHANGES TO OFFI	CERS AND E	IRECTOR	S IN 11	┧
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12. I hereby c	ertify that the i	nformation supplied with	this filina	does not qualify for	the exer	notion stated in Sec	ction 11	9.07(3)(i). Florida Statutes 1:	further certify	that the ir	aformation	1

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:



737-737-749

Daytime Phone #