

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-29-2003 90073 008 ***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

8246 GRIFFIN RD
Suite, Apt. #, etc.

3. Mailing Address

8246 GRIFFIN RD
Suite, Apt. #, etc.

City & State

DAVIE FLORIDA

City & State

DAVIE FLORIDA

Zip

Country

33328

USA

Zip

Country

33328

USA

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

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 **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
STREET ADDRESS
CITY-ST-ZIP

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

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:

SIGNATURE REQUIRED
JUDITH FITZSIMMONS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03
954-434-4495
Date Daytime Phone #

CR2E034 (10/02)