

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000056887

1. Entity Name

FISHCUTTER MARINE, INC.

Principal Place of Business

11669 81ST AVENUE NORTH  
SEMINOLE FL 33772-4035

Mailing Address

11669 81ST AVENUE NORTH  
SEMINOLE FL 33772-4035

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Zip

Country

4. FEI Number

59-3327600

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

NACHMAN, BARBARA N  
11669 81ST AVENUE NORTH  
SEMINOLE FL 33772

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.

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 \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State10. 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

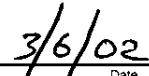
TITLE PD  
NAME NACHMAN, LEONARD K  
STREET ADDRESS 11669 81ST AVENUE NORTH  
CITY-ST-ZIP SEMINOLE FL 33772-4035 DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE VPD  
NAME NACHMAN, BARBARA N  
STREET ADDRESS 11669 81ST AVENUE NORTH  
CITY-ST-ZIP SEMINOLE FL 33772-4035 DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  AdditionTITLE  
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CITY-ST-ZIP DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP Change  Addition

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



Date

Daytime Phone #

0462681  
AVFILED  
Mar 20, 2002 8:00 am  
Secretary of State

03-20-2002 90083 001 \*\*\*300.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)