2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000076834 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name GAMEFISH GALLERY & OUTFITTERS, INC. 04-25-2000 90111 009 ***150.00 Principal Place of Business Mailing Address 608 GREENE ST. 608 GREENE ST. KEY WEST FL 33040-6625 KEY WEST FL 33040 3. Mailing Address 2. Principal Place of Business 5950 PENINGULAR AVE. 196 LAUREL DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SLIP #-641 Applied For City & State 4. FEI Number 59-3344061 FONTE VEDRA BEACH FL Not Applicable EY WEST Country 57. Johns \$8.75 Additional 5 Certificate of Status Desired 32082 Fee Required House 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DELAURIER, EDWARD Street Address (P.O. Box Number is Not Acceptable) 608 GREENE ST. KEY WEST FL 33040 : ** 196 LAVREL LANE 32082 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 EDWARD DELAURIER PRES FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing - 🗀 Tax filing requirement and elects to do so. After MAY-1-2000 Fee will be \$550.00-Trust Fund Contribution: Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PSTD TITLE Change TITLE Delete DE LAURIER, EDWARD NAME NAME 196 LAUREL LANG STREET ADDRESS STREET ADDRESS 1009 WINDSOR LANE CITY-ST-ZIP CITY-ST-7IP KEY WEST FL 33040 Delete TITLE **NOTTINGHAM, LINDA S** NAME NAME 196 LAUREL LAN STREET ADDRESS STREET ADDRESS 1009 WINDSOR LANE CITY-ST-ZIP CITY-ST-ZIP 7.1 KEY, WEST-FL: 33040 ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP _____Delete -☐ Change ☐ Addition TITI C NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trustée 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

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