

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90015 011 \*\*\*150.00

DOCUMENT # **P96000002923**  
Entity Name

**Island Angler Fishing Team, Inc.**

Principal Place of Business Mailing Address  
**75 Walker Creek**  
**Crawfordville, FL 32327**

Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country

**B0085240**

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3398061** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**GARY BLISS**  
**75 Walker Creek**  
**Crawfordville, FL 32327**  
7. Name and Address of New Registered Agent  
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 **Gary Bliss** DATE **4-28-00**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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	NAME	STREET ADDRESS CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS CITY-ST-ZIP
<b>P</b>	<b>GARY BLISS</b>	<b>75 Walker Creek</b> <b>Crawfordville FL 32327</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
<b>V</b>	<b>HOLLIS BLISS</b>	<b>75 Walker Creek</b> <b>Crawfordville, FL 32327</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
<b>S</b>	<b>GARY BLISS</b>	<b>75 Walker Creek</b> <b>Crawfordville FL 32327</b>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
			<input type="checkbox"/> Change	<input type="checkbox"/> 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: **Gary Bliss** DATE **4-28-00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)