

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

DOCUMENT # 996000002923

1. Entity Name

Island Angler Fishing Team

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP -6 PM 2:29

DO NOT WRITE IN THIS SPACE

200007667802--6

-09/11/02--01059--016

****550.00 ****550.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

75 Walker Creek

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crawfordville FL

City & State

4. FEI Number

59-3398061

Applied For

Not Applicable

Zip

32327

Country

Wakulla

Zip

3

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

GARY Bliss

Street Address (P.O. Box Number is Not Acceptable).

75 Walker Creek

City

Crawfordville FL

FL

Zip Code

32327

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>GARY Bliss - President</u> <u>75 Walker Creek</u> <u>Crawfordville, FL 32327</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V.P.</u> <u>HOLLIS Bliss</u> <u>75 Walker Creek</u> <u>Crawfordville, FL 32327</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>GARY Bliss</u> <u>75 Walker Creek</u> <u>Crawfordville FL 32327</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Gary Bliss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)