

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000011742

1. Entity Name

Florida Fishing Outfitters, Inc.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 SEP 11 AM 11:07

Principal Place of Business Mailing Address
4260 S. Washington Avenue Same
Titusville, FL 32780

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3140184 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Patti A. Sunderland
4269 Mt. Vernon Ave.
Titusville, FL 32780

7. Name and Address of New Registered Agent

Name Palmetto Charter Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
150 Magnolia Avenue
City Daytona Beach FL Zip Code 32114

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)

8/30/01

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, 2001 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

TITLE President ☒ Delete
NAME Patti Sunderland
STREET ADDRESS 4269 Mt. Vernon Avenue
CITY-ST-ZIP Titusville, FL 32780

TITLE Vice President ☐ Delete
NAME Judy Gould
STREET ADDRESS 925 W. Valley Del Oro
CITY-ST-ZIP Oro Valley, AZ 85737

TITLE Treasurer ☐ Delete
NAME Peter Gould
STREET ADDRESS 925 W. Valley Del Oro
CITY-ST-ZIP Oro Valley, AZ 85737

TITLE Secretary ☐ Delete
NAME Jay Dee Osier
STREET ADDRESS 4269 Mt. Vernon Avenue
CITY-ST-ZIP Titusville, FL 32780

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE Director/Vice President ☒ Change ☐ Addition
NAME Secretary

TITLE ☐ Change ☐ Addition
NAME 100004602821--2
STREET ADDRESS -09/20/01--01071--001
CITY-ST-ZIP *****61.25 *****61.25

TITLE President ☒ Change ☐ Addition
NAME

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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

9-2-01 321-842-0000

Date

Daytime Phone

CR2E034 (11/00)

SP