

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000022273

1. Entity Name

GULFSTREAM FISHING PRODUCTS, INC.

FILED

Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90202 021 \*\*\*150.00

Principal Place of Business

Mailing Address

NE DIXIE HWY  
JENSEN BEACH FL 34957

857 NE DIXIE HWY  
JENSEN BEACH FL 34957-6107  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0650018

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINESTONE, SCOTT D  
3474 SE JAKE CT #168  
STUART FL 34994

Name *Finestone, Scott D.*  
Street Address (P.O. Box Number is Not Acceptable)  
*650 NE Lima Vias*

City *Jensen Beach* FL Zip Code *34957*

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, 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 ☐ Delete  
NAME *D*  
STREET ADDRESS *WEEKMAN, ERIC A*  
CITY-ST-ZIP *801 NE ZEBRINA SENDA*  
*JENSEN BEACH FL 34957*

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

TITLE ☐ Delete  
NAME *D*  
STREET ADDRESS *FINESTONE, SCOTT D*  
CITY-ST-ZIP *3474 SE JAKE CT #168*  
*STUART FL 34994*

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS *650 NE Lima Vias*  
CITY-ST-ZIP *Jensen Beach, FL 34957*

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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

*Scott Finestone*

*1-12-00*

*561-334-4554*

Date

Daytime Phone #