

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90386 042 ***150.00

DOCUMENT # P96000045123

1. Entity Name

FISHING VESSEL ENTERPRISE, INC.

Principal Place of Business

**1219 TWIN PALM DR
 FORT MYERS FL 33919
 US**

Mailing Address

**1219 TWIN PALM DR
 FORT MYERS FL 33919
 US**

2. Principal Place of Business

6648 Tannin Ln. #B

3. Mailing Address

6648 Tannin Lane

Suite, Apt. #, etc.

APT B

Suite, Apt. #, etc.

APT. B

City & State

NAPLES FL

City & State

NAPLES FL

Zip

34109

Country

USA

Zip

34109

Country

USA

4. FEI Number

65-0671955

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**MATLAND, RUDOLPH K
 12995 S. CLEVELAND AVE., #107
 FT. MYERS FL 33907**

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

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, 2002 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	PT	<input checked="" type="checkbox"/> Delete
NAME	THOMAS T. HACKETT	
STREET ADDRESS	1219 TWIN PALM DR.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HACKETT, SHARON	
STREET ADDRESS	1219 TWIN PALM DR	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIRK THOMPSON	
STREET ADDRESS	5761 SONOMA DR #107	
CITY-ST-ZIP	FT. MYERS FL 33908	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN BERGER	
STREET ADDRESS	6648 TANNIN LANE #B	
CITY-ST-ZIP	NAPLES - FL 34109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Karen Berger Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

241 566-9646

CR2E034 (9/01)