

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90191 014 ***550.00

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DOCUMENT # P96000045123

1. Entity Name
FISHING VESSEL ENTERPRISE, INC.



Principal Place of Business
6648 TANNIN LN. SUITE 318, PMB 319
APT B **5100 S. Cleveland Ave**
NAPLES FL 34109 **St. Myers, FL 33907**
US

Mailing Address
6648 TANNIN LN. SUITE 318, PMB 319
APT B **5100 S. Cleveland Ave**
NAPLES FL 34109
US **St. Myers, FL 33907**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **No Change**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT**
NAME **THOMPSON, KIRK**
STREET ADDRESS **5761 SONOMA DR # 107**
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **SUITE 318, PMB 319**
5100 S. Cleveland Ave
St. Myers, FL 33907 ☒ Change ☐ Addition

TITLE **ST**
NAME **HACKETT, SHARON**
STREET ADDRESS **1219 TWIN PALM DR**
CITY-ST-ZIP **FORT MYERS FL 33919**

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

TITLE **ST**
NAME **BERGER, KAREN**
STREET ADDRESS **5761 SONOMA DR # 107**
CITY-ST-ZIP **FORT MYERS FL 33908**

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KIRK THOMPSON, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5.28.03

239-994-1487

CR2E034 (10/02)