2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State
04-03-2002 90035 006 ***150.00

DOCUMENT # P96000046866

1. Entity Name
FLORIDA FAMILY FISHERIES I, INC.

DO NOT WRITE IN THIS SPACE

B0058745

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number
1376 Hillside DR.	1376 Hillside DR.	59-3383710
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For / Not Applicable
City & State: TARPON SPRINGS, FL	City & State: TARPON SPRINGS, FL.	
Zip: 34689 Country: USA	Zip: 34689 Country: USA	

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: KENYON, DAWN A.
Street Address (P.O. Box Number is Not Acceptable): 1376 HILLSIDE DR.
City: TARPON SPRINGS FL Zip Code: 34689

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 _____ DATE
Specific (type or printed name of registered agent and title if applicable) (REQUIRED: Registered Agent signature required when reinstating)

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 P NAME KENYON, DAWN A. STREET ADDRESS 1376 HILLSIDE DRIVE CITY-ST-ZIP TARPON SPRINGS, FL. 34689		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E084B (12/01)

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: Dawn A Kenyon PRESIDENT (927)934-1442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number