

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056102

1. Entity Name

LAST CHANCE FISHING, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90253 010 ***150.00

Principal Place of Business

Mailing Address

720 MERRIMAC DRIVE
PORT ORANGE FL 32119

720 MERRIMAC DRIVE
PORT ORANGE FL 32168-9271

2. Principal Place of Business

159 OAK LANE

Suite, Apt. #, etc.

3. Mailing Address

159 OAK LANE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NEW SMYRNA BEACH FL

City & State

NEW SMYRNA BEACH, FL

4. FEI Number

59-3389342

Applied For

Not Applicable

Zip

32168

Country

Zip

32168

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

MOTLEY, SHELLY
720 MERRIMAC DRIVE
PORT ORANGE FL 32127

Name

MOTLEY, MICHELE

Street Address (P.O. Box Number is Not Acceptable)

159 OAK LANE

City

NEW SMYRNA BEACH

FL

Zip Code

32168

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

Michele Motley

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

4/12/00

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 | VP | <input type="checkbox"/> Delete |
| NAME | MOTLEY, MICHELE | |
| STREET ADDRESS | 720 MERRIMAC DRIVE | |
| CITY-ST-ZIP | PORT ORANGE FL 32127 | |
| 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 | | |

| | | |
|----------------|----------------------------|--|
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOTLEY, MICHELE | |
| STREET ADDRESS | 159 OAK LANE | |
| CITY-ST-ZIP | NEW SMYRNA BEACH, FL 32168 | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michele Motley

4/12/00 (904) 423-3702

Date

Daytime Phone #

CR2034 (9/99)