

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 996000067540

1. Entity Name

Kirk Fish Co, Inc.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUN -3 PM 4:26

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

417 Papaya St.

3. Mailing Address

P.O. Box 101

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Goodland FL

City & State

Goodland FL

Zip

34140

Country

U.S.

Zip

34140

Country

U.S.

4. FEI Number

59-3404155

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Kramer, Frederick C

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

950 North Collier Blvd., Suite 201

City

MARCO Island

FL

Zip Code

34145

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5-22-03

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VTS  
MOSS, Tommie Dee  
200 Harbor Pl.  
Goodland FL 34140

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

800020682968

06/09/03 01063 010 \*\*300.00

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/03

3943246

Date

Daytime Phone #

CR2E034B (12/02)

**KIRK FISH CO. INC.,  
P. O. BOX 101  
GOODLAND, FL 34140**

April 23, 2003

Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Gentlemen:

I am writing to ask why we never received our forms for the Corporation in the Spring of 2002. I called the state office and they told me to write a letter explaining that we never received the information so that we could fill out and return with our payment. We close around the 15<sup>th</sup> of May because our season ends and we reopen in October. We receive our mail but we did not get the forms to be filled out. Please send what paper work we need and I am enclosing a check for last years and this years.

Thank you,

KIRK FISH CO. INC.

*Ken E. Moss*  
Ken E. Moss, General Manager

239-394-8616