

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90219 004 \*\*\*150.00

**DOCUMENT # P97000027039**



1. Entity Name  
**EASTWIND FISHING COMPANY**

Principal Place of Business  
**1110 TRUMAN AVENUE  
KEY WEST FL 33040**

Mailing Address  
**1110 TRUMAN AVENUE  
KEY WEST FL 33040**

**11015948**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0876805**

Applied For

Not Applicable

Zip

Country

Zip

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

**SMITH, PAULETTE K  
1110 TRUMAN AVENUE  
KEY WEST FL 33040**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	SMITH, LEW GORDON JR	1110 TRUMAN AVENUE	KEY WEST FL 33040	<input type="checkbox"/>
VPD	SMITH, PAULETTE K	1110 TRUMAN AVENUE	KEY WEST FL 33040	<input type="checkbox"/>
SD	GROOMS, BASCOM L	1422 PETRONIA STREET	KEY WEST FL 33040	<input type="checkbox"/>
TD	GROOMS, JUSTIN	2410 PATTERSON AVE	KEY WEST FL 33040	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	BASCOM L. GROOMS	1415 THOMPSON ST	KEY WEST, FL 33040	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	JUSTIN GROOMS	1110 TRUMAN AVENUE	KEY WEST FL 33040	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/22/03*

*294-3735*

Date

Daytime Phone #

CR2E034 (10/02)