

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

2002

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91747 006 \*\*\*150.00

**DOCUMENT #**

P97000092262

1. Entity Name

POSEIDON FISHING CHARTERS, INC. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

6051 NW 63rd Place

3. Mailing Address

6051 NW 63rd Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Parkland, FL 33067

City & State  
Parkland, FL 33067

4. FEI Number  
65-0790162

Applied For  
Not Applicable

Zip

Country

Zip

Country

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  
Howard Stein

Street Address (P.O. Box Number is Not Acceptable)  
6051 NW 63rd Place

City  
Parkland FL Zip Code  
33067

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/17/02

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 NAME STREET ADDRESS CITY-ST-ZIP	D Stein, Howard 6051 NW 63rd Place Parkland, FL 33067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stein, Rosemary 6051 NW 63rd Place Parkland, FL 33067	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/17/02

Daytime Phone #

954-752-9024

CR2E034B (12/01)