

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000107070

1. Entity Name

401 (K) FISHING CHARTERS, INC.

Principal Place of Business

2415 PINE ISLAND COURT
JACKSONVILLE FL 32224

Mailing Address

2415 PINE ISLAND COURT
JACKSONVILLE FL 32224

2. Principal Place of Business

8280 Whisper Lakes Ct
Suite, Apt. #, etc.

3. Mailing Address

8280 Whisper Lakes Ct
Suite, Apt. #, etc.

City & State

Mobile AL

Zip 36619 Country USA

City & State

Mobile AL

Zip 36619 Country USA

4. FEI Number

59-3498261

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH HULSEY & BUSEY
225 WATER STREET
SUITE 1800
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE P
NAME CLEMENT, JAMES R
STREET ADDRESS 2415 PINE ISLAND CT.
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Delete

TITLE VP
NAME CLEMENT, JULIE M
STREET ADDRESS 2415 PINE ISLAND CT.
CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 8280 Whisper Lakes Ct
CITY-ST-ZIP Mobile, AL 36619 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 8280 Whisper Lakes Ct
CITY-ST-ZIP Mobile, AL 36619 ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

4/8/01

Date

334-666-4446

Daytime Phone #

CR2E034 (10/00)

0018210

FILED
Apr 12, 2001 8:00 am
Secretary of State
04-12-2001 90040 005 ***150.00



DO NOT WRITE IN THIS SPACE