

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052253

1. Entity Name

FISHINGLIFE.COM, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90027 046 ***150.00

Principal Place of Business

Mailing Address

3024 ASHLAND TERRACE
CLEARWATER FL 33761

3024 ASHLAND TERRACE
CLEARWATER FL 33761-2001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3522711

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

WHITE, ROBERT C JR.
C/O KIRKPATRICK & LOCKHART LLP
201 S. BISCAYNE BLVD., 20TH FLOOR
MIAMI FL 33131

Name

Walter Sanders

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

3355 Bearss Avenue

City

Tampa

FL

Zip Code

33618

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

Walter Sanders

Walter Sanders

2/10/2000

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, 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 ☐ Delete

NAME P
STREET ADDRESS RAEHPOVR, DAVID A
CITY-ST-ZIP 3024 ASHLAND TERR
CLEARWATER FL 33761

TITLE ☐ Delete

NAME VP
STREET ADDRESS MURDOCK, MIKE
CITY-ST-ZIP 19630 GULF BLVD #5
INDIAN SHORES FL 33785

TITLE ☐ Delete

NAME ST
STREET ADDRESS HARRIS, MICHAEL
CITY-ST-ZIP 10717 TAVISTOCK DR
TAMPA FL 33626

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Michael J. Hernandez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/14/00 813 494 1198

CR2E034 (9/99)