

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90047 020 ***150.00

DOCUMENT # P98000052253

1. Entity Name
FISHINGLIFE, INC.



Principal Place of Business
701 NW 57TH PLACE
FORT LAUDERDALE FL 33309

Mailing Address
701 NW 57TH PLACE
FORT LAUDERDALE FL 33309



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

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATTEN, THOMAS F
701 NW 57TH PLACE
FT. LAUDERDALE FL 33309

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ **Delete**
NAME **RAEHPOVR, DAVID A**
STREET ADDRESS **3024 ASHLAND TERR**
CITY-ST-ZIP **CLEARWATER FL 33761**

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

TITLE **D** ☒ **Delete**
NAME **MURDOCK, MIKE**
STREET ADDRESS **19630 GULF BLVD #5**
CITY-ST-ZIP **INDIAN SHORES FL 33785**

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

TITLE **STD** ☐ **Delete**
NAME **PATTEN, THOMAS P**
STREET ADDRESS **1630 N. OCEAN BLVD.**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

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

TITLE **PD** ☐ **Delete**
NAME **RULIEN, DAVID**
STREET ADDRESS **301 NE 23RD AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

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

TITLE **D** ☐ **Delete**
NAME **TANNER, RICHARD**
STREET ADDRESS **2831 NE 33RD ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

1-27-03 (316) 393-3545

Date

Daytime Phone #

CR2E034 (10/02)