

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

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90322 007 ***150.00

DOCUMENT # P98000052850

1. Entity Name
FISH BONES CHARTERS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
681 St Andrews Circle

3. Mailing Address
681 St Andrews Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
New Smyrna Beach, FL

City & State
New Smyrna Beach, FL

4. FEI Number
59-3520284

Applied For
Not Applicable

Zip
32168

Country
USA

Zip
32168

Country
USA

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
SANDIN, GEORGE E.

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

681 ST ANDREWS CIRCLE

City
NEW SMYRNA BEACH, FL Zip Code
32168

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) ☒

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
SANDIN, GEORGE E.
681 ST ANDREWS CIRCLE
NEW SMYRNA BEACH, FL 32168

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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

04/09/02 **386-426-8400**
Date Daytime Phone #

CR2E034B (12/01)