2003 FOR PROFIT CORPORATION

UN	IFORM BUSINE	<u> ISS REPOR</u>	T (UBR))	Apr 23			
DOCUMENT # P98000052850 1. Entity Name FISH BONES CHARTERS, INC.					Secretary of State 04-23-2003 90640 001 *****8.75 04-23-2003 90640 002 ***150.00			
Principal Plac 681 ST ANDRE NEW SMYRNA		Mailing Address 681 ST ANDREWS CIRCLE NEW SMYRNA BEACH FL (32168					
	lace of Business AITURY LANK #, etc.	3. Mailing Address 29 FAIT WAY LANE Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State	ONVILLE BEACH	City & State TACKSONVILLE	BEACH		4. FEI Number 59-3520	284	<u> </u>	plied For ot Applicable
32250		32250	Country DUVAL		5. Certificate of Status Des	ired 🖳	\$8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and Address of I	New Registered /	Agent	
Sandin, G			Monwier O. Box Number is Not Acce					
681 ST AN								
NEW SMYF	RNA BEACH FL 32168		29 City		TWAY LANG	FL	Zip Code	
					VILLE BEACH			
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or	registere	ed agent, or both, in the State	of Florida. I am f	iamiliar with,	and accept
SIGNATURE .	LEON E. MONN Signature, typed or printed name of registered agent		: Registered Agent signatu	ure required t	Moward L	E 4	-22-03	
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department o	f State		<u></u>	9. Election Campai Trust Fund Conti	· -		0 May Be to Fees
10	OFFICERS AND		11.		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	3 IN 11
NAME . STREET : SESS	D SANDIN, GEORGE E 681 ST. ANDREWS CIRCLE NEW SMYRNA BEACH FL 32168	D elete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEON 29 F	V E. MONNIER ; FAIR WAY LAUE KSONVILLE BI	II Kach FL	⊕ Change . 3225€	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
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12. Thereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



☐ Delete

☐ Change

Addition