

DOCUMENT # P98000061836

1. Entity Name

ENTERPRISE SPORT FISHING CHARTERS, INC.

813716

Principal Place of Business	Mailing Address
4927 US HWY 19 S NEW PORT RICHEY FL 34652	P.O. BOX 1774 LAND O LAKES FL 34639

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-3520175	Applied For
		Not Applicable
5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAZNELIS, ANTONINA
7236 STATE ROAD 52 SUITE 1
BAYONET POINT FL 34667

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 reinstalling) 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
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11.		OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAMP, THOMAS R P.O. BOX 1774 LAND-O-LAKES FL 34639	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
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[illegible]

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: Thomas R Kamp 2/7/01 813-334-0680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)