

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 08, 2000 8:00 am**  
**Secretary of State**

03-08-2000 90064 019 \*\*\*150.00

**DOCUMENT # P98000074168**

1. Entity Name

**MAHALO FISHING SERVICES, INC.**

Principal Place of Business

Mailing Address

**500 RANA LANE/DANA POINTE  
NICEVILLE FL 32578**

**500 RANA LANE/DANA POINTE  
NICEVILLE FL 32578**

2. Principal Place of Business

3. Mailing Address

**89401 Old Hwy. 1**

**89401 Old Hwy. 1**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Plantation Key**

**Plantation Key**

City & State

City & State

**Tavernier, FL**

**Tavernier, FL**

Zip

Zip

**33070**

**33070**

Country

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCILL, ROBERT E III**

**36000 EMERALD COAST PARKWAY SUITE 301  
DESTIN FL 32541**

Name

**DAVID A. OURN**

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

**1221 Airport Road**

**Suite 208**

City

**Destin**

**FL**

Zip Code

**32541**

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

**3/03/00**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
<b>PDS</b>	<b>GRUSS, BRAD</b>	<b>500 RANA LANE/DANA POINTE</b>	<b>NICEVILLE FL 32578</b>	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<b>PDS</b>	<b>BRAD GRUSS</b>	<b>89401 Old Hwy 1, Plantation Key</b>	<b>TAVERNIER, FL 33070</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition

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: **BRAD GRUSS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/05/00**

Date

**305-852-0360**

Daytime Phone #

CR2E034 (9/99)