

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100090

1. Entity Name

SURE THING SPORTS FISHING CHARTERS, INC.

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90028 047 \*\*\*150.00

Principal Place of Business

3896 LONG GROVE LANE  
PT ORANGE FL 32119

Mailing Address

3896 LONG GROVE LANE  
PT ORANGE FL 32119

2. Principal Place of Business

3. Mailing Address

929 CHINA BERRY CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

NEW Smyrna Fla

Zip

Country

Zip

Country

32168

Volusia

4. FEI Number

59-3552395

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

JACK D. MOUNTS

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

929 CHINA BERRY CT

City

NEW Smyrna

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) ☐

**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

11. OFFICERS AND DIRECTORS

TITLE **PSTD** ☒ Delete

NAME **MOUNTS, DARRIN S**  
STREET ADDRESS **3896 LONG GROVE LANE**  
CITY-ST-ZIP **PT ORANGE FL 32119**

TITLE **VP** ☒ Delete

NAME **MOUNTS, JACK D**  
STREET ADDRESS **11073 HARBOR SPRINGS CIRCLE**  
CITY-ST-ZIP **BOCA RATON FL 33426**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VP** ☒ Change ☐ Addition

NAME **MOUNTS, DARRIN S**  
STREET ADDRESS **3896 Long Grove Ln**  
CITY-ST-ZIP **Port Orange Fla 32119**

TITLE **Pres.** ☒ Change ☐ Addition

NAME **MOUNTS, JACK D.**  
STREET ADDRESS **929 CHINA BERRY CT**  
CITY-ST-ZIP **NEW Smyrna FLA 32168**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/01

(904) 424-1527  
(561) 289-5718

CR2E034 (10/00)