

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jul 05, 2000 8:00 am
Secretary of State

05-24-2000 90047 028 ***150.00

DOCUMENT # P99000030065

1. Entity Name

FISHBONE SPORT FISHING, INC.

Principal Place of Business

528 SOLITARE PALM DRIVE
 INDIALANTIC FL 32903

Mailing Address

528 SOLITARE PALM DRIVE
 INDIALANTIC FL 32903-3828

2. Principal Place of Business

528 Solitaire Palm Dr.
 Suite, Apt. #, etc.

3. Mailing Address

528 Solitaire Palm Dr.
 Suite, Apt. #, etc.

City & State

Indialantic, FL
 Zip 32903 Country USA

City & State

Indialantic, FL
 Zip 32903 Country USA

4. FEI Number

59-3569249

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SCHUSTER, A. DOUGLAS
 528 SOLITARE PALM DRIVE
 INDIALANTIC FL 32903

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 reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	<input type="checkbox"/> Delete
President	A. Douglas Schuster	528 Solitaire Palm Dr.	Indialantic, FL 32903	<input type="checkbox"/>
Vice Pres.	Winifred Schuster	528 Solitaire Palm Dr.	Indialantic, FL 32903	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

A. Douglas Schuster
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00
 Date

(381) 459-3911
 Daytime Phone #

CR2E034 (9/99)