2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am Secretary of State DOCUMENT # P9900030065 05-15-2001 90185 025 ***150.00 FISHBONE SPORT FISHING, INC. Principal Place of Business Mailing Address 528 SOLITARE PALM DRIVE 528 SOLITARE PALM DRIVE DC052726 INDIALANTIC FL 32903 INDIALANTIC FL 32903 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3569249 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHUSTER, A. DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 528 SOLITARE PALM DRIVE INDIALANTIC FL 32903 City Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Addition TITLE ☐ Delete SCHUSTER, DOUGLAS A NAME NAME STREET ADDRESS **528 SOLITAIRE PALM DR** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIALANTIC FL 32903 Change Addition ☐ Delete TITLE TITLE SCHUSTER, WINIFRED NAME NAME STREET ADDRESS STREET ADDRESS **528 SOLITAIRE PALM DR** CITY-ST-ZIP CITY-ST-ZIP INDIALANTIC FL 32903 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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 with an address, with all other like empowered

CITY-ST-ZIE

NAME

STREET ADDRESS

SIGNATURE: (

STREET ADDRESS

CITY-ST-ZIP

;R2E034 (10/00)