

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000048683**1. Entity Name
FISHING CAPTAIN, INC.**Principal Place of Business**

4957 PIGEON PLUM CIRCLE

MELBOURNE

32940

FL

Mailing Address

4957 PIGEON PLUM CIRCLE

MELBOURNE

32940

FL

2. Principal Place of Business

318 VERSAILLES DRIVE

3. Mailing Address

318 VERSAILLES DRIVE

Suite, Apt. #, etc.

APT. D

Suite, Apt. #, etc.

APT. D

City & State

MELBOURNE BEACH

FL

City & State

MELBOURNE BEACH

FL

Zip

32951

Country

Zip

32951

Country

4. FEI Number**59-3633717**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**HAGAN CRAIG TOD**
4957 PIGEON PLUM CIRCLE

MELBOURNE

32940

FL

7. Name and Address of New Registered Agent

Name

HAGAN CRAIG TOD

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

318 VERSAILLES DRIVE

APT. D

City

MELBOURNE BEACH

FL

Zip Code

32951

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)

09/01/2001

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	STD	<input type="checkbox"/> Delete
NAME	HAGAN KELLY ANN	
STREET ADDRESS	4957 PIGEON PLUM CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAGAN CRAIG TOD	
STREET ADDRESS	4957 PIGEON PLUM CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGAN KELLY ANN	
STREET ADDRESS	318 VERSAILLES DRIVE, APT. D	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGAN CRAIG TOD	
STREET ADDRESS	318 VERSAILLES DRIVE, APT. D	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Craig Tod Hagan

PD

09/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)