FILED
Apr 22, 2003 8:00 am
Secretary of State
04-22-2003 90043 019 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048683

1. Entity Name
Fishing Captain, Inc.

90100532

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
311 Beverly Ct.	311 Beverly Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Melbourne Bch., FL	City & State: Melbourne Bch., FL
Zip: 32951 Country: US	Zip: 32951 Country: US

DO NOT WRITE IN THIS SPACE

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

7. Name and Address of Current Registered Agent
Name: Craig Tod Hagan
Street Address (P.O. Box Number is Not Acceptable): 311 Beverly Ct.
City: Melbourne Bch 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. I am familiar with, and accept the obligations of registered agent.

(same agent)

SIGNATURE: [signature] 4/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	TITLE	
NAME	Hagan; Craig Tod	NAME	
STREET ADDRESS	311 Beverly Ct.	STREET ADDRESS	
CITY-ST-ZIP	Melbourne Bch FL 32951	CITY-ST-ZIP	
TITLE	STD	TITLE	
NAME	Hagan, Kelly Ann	NAME	
STREET ADDRESS	311 Beverly Ct.	STREET ADDRESS	
CITY-ST-ZIP	Melbourne Bch. FL 32951	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] C. Tod Hagan 4/17/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #