

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90043 019 ***150.00

DOCUMENT # 99000048683	
1. Entity Name Fishing Captain, Inc. ✓	

90100532

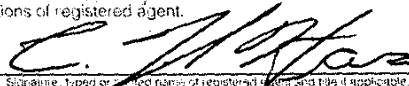
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 311 Beverly Ct. Suite, Apt. #, etc.	3. Mailing Address 311 Beverly Ct. 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

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		
	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.

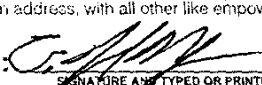
SIGNATURE  (same agent) **4/17/03**
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when removing) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD Hagan, Craig Tod FL 311 Beverly Ct., Melbourne Bch 32951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Hagan, Kelly Ann 311 Beverly Ct., Melbourne Bch. FL 32951	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  **C. Tod Hagan** **4/17/03**
Signature and typed or printed name of signing officer or director Date Officers, Phone #