

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059302

1. Entity Name

M L FISHING ADVENTURES, INC.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90145 026 ***150.00

Principal Place of Business

Mailing Address

820 S. TAMiami TRAIL
OSPREY FL 34229

820 S. TAMiami TRAIL
OSPREY FL 34229-9526

2. Principal Place of Business
2119 Lychee Lane

3. Mailing Address
2119 Lychee Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Nokomis, FL

City & State
Nokomis, FL

4. FEI Number
65-0932040

Applied For
Not Applicable

Zip
34275

Country
US

Zip
34275

Country
US

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

6. Name and Address of Current Registered Agent

BINDER, CARL E
820 S. TAMiami TRAIL
OSPREY FL 34229

7. Name and Address of New Registered Agent

Name Ann L. Curtis
Street Address (P.O. Box Number is Not Acceptable)
2119 Lychee Lane
City Nokomis FL Zip Code 34275

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: *Ann L. Curtis* Ann L. Curtis DATE: 4/19/2000
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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, 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	Delete
	D	CURTIS, ANN L	2119 LYCHEE LANE NOKOMIS FL 34275	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<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	Change	Addition
DPST	James Michael Curtis	2119 Lychee Lane	Nokomis, FL 34275	<input type="checkbox"/>	<input checked="" 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"/>	<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: *James Michael Curtis* 4/19/2000 (941)966-7176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)