2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #   P99000073797

1. Entity Name
BARELY LEGAL FISHING TEAM, INC.

Principal Place of Business	Mailing Address
411 DAVIS ST.	411 DAVIS ST.
NEPTUNE BEACH FL 32266	NEPTUNE BEACH FL 32266

ᴗᴗ060330

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
527 DAVIS St
Suite, Apt. #, etc.

3.- Mailing Address *SAME*
Suite, Apt. #, etc.

City & State *Neptune Bch F/A*
Zip *32266*   Country *FH USA*

City & State
Zip   Country

4. FEI Number **59-3592862**
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RADY, THOMAS L 411 DAVIS ST. NEPTUNE BEACH FL 32266	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

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

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 $550.00
After September 12, 2001 Fee will be $750.00
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		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**PVST RADY, THOMAS L 411 DAVIS STREET NEPTUNE BEACH FL 32250**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

CR2E034 (5/01)

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: _SIGNATURE REQUIRED_   *9-10-01*   *(904) 249-5505*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #