

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name

SPORT FISHING CONCEPTS, INC.

Principal Place of Business

2541 NE 47TH STREET
LIGHTHOUSE POINT, FL 33441

Mailing Address

2541 NE 47TH STREET
LIGHTHOUSE POINT, FL 33441

2. Principal Place of Business

2541 NE 47TH STREET

Suite, Apt. #, etc.

3. Mailing Address

2541 NE 47TH STREET

Suite, Apt. #, etc.

City & State

LIGHTHOUSE POINT, FL

City & State

LIGHTHOUSE POINT, FL

4. FEI Number

65-0989253

Applied For

Not Applicable

Zip

Country

33441

Zip

Country

33441

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOSEPH C. CERRONE, III
2541 NE 47TH STREET
LIGHTHOUSE POINT, FL 33441

7. Name and Address of New Registered Agent

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 \$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	P	<input type="checkbox"/> Delete
NAME	CERRONE, JOSEPH C.	
STREET ADDRESS	2541 NE 47TH STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33441	
TITLE	S	<input type="checkbox"/> Delete
NAME	CERRONE, JOSEPH C.	
STREET ADDRESS	2541 NE 47TH STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33441	
TITLE	T	<input type="checkbox"/> Delete
NAME	CERRONE, JOSEPH C.	
STREET ADDRESS	2541 NE 47TH STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT, FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Cerrone III President

Date

Division/Division #

4/12/00 954-566 9363

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90030 032 ***150.00

720169

DO NOT WRITE IN THIS SPACE

CR-9074 (9/98)