

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000098279

1. Entity Name

FISHBOX CHARTERS, INC.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90377 038 \*\*\*150.00

Principal Place of Business

ROAD RUNNER TRAVEL RESORT  
5500 ST. LUCIE BLVD., SUITE K-11  
FORT PIERCE FL 34946

Mailing Address

3228 TOWN CREEK SCHOOL ROAD  
BLAIRSVILLE GA 30512

2. Principal Place of Business

7905 James Rd

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ft Pierce FL

City & State

Zip

34951

Country

USA

Zip

Country

4. FEI Number

65-0960013

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

F&L CORP.  
200 LAURA STREET  
JACKSONVILLE FL 32202

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, 2001 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 D ☐ Delete  
NAME GRASHOF, MICHAEL F  
STREET ADDRESS 5500 ST. LUCIE BLVD., SUITE K-11  
CITY-ST-ZIP FORT PIERCE FL 34946

TITLE D ☐ Delete  
NAME GRASHOF, TERESA K  
STREET ADDRESS 5500 ST. LUCIE BLVD., SUITE K-11  
CITY-ST-ZIP FORT PIERCE FL 34946

TITLE D ☐ Delete  
NAME GRASHOF, JOHN F  
STREET ADDRESS 3228 TOWN CREEK SCHOOL ROAD  
CITY-ST-ZIP BLAIRSVILLE GA 30512

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME Michael Grashof  
STREET ADDRESS 7905 James Rd  
CITY-ST-ZIP Ft Pierce FL 34951

TITLE ☒ Change ☐ Addition  
NAME Grashof, Teresa K  
STREET ADDRESS 7905 James Rd  
CITY-ST-ZIP Ft Pierce FL 34951

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Michael F Grashof

4/16/01

Date

(561) 216-2793

Daytime Phone #

CR2E034 (10/00)