

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90415 006 \*\*\*150.00

**DOCUMENT # P99000098279**

**1. Entity Name**  
**FISHBOX CHARTERS, INC.**

**Principal Place of Business**

**7905 JAMES ROAD  
 FORT PIERCE FL 34951**

**Mailing Address**

**3228 TOWN CREEK SCHOOL ROAD  
 BLAIRSVILLE GA 30512**

**2. Principal Place of Business**

**204 GALLICIA AVE**

Suite, Apt. #, etc.

**3. Mailing Address**

**204 Gallicia Ave**

Suite, Apt. #, etc.

**City & State**

**St Augustine FL**

**City & State**

**St Augustine FL**

**4. FEI Number**

**65-0960013**

**Applied For**

**Not Applicable**

**Zip**

**32086**

**Country**

**USA**

**Zip**

**32086**

**Country**

**USA**

**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**

**F&L CORP.  
 200 LAURA STREET  
 JACKSONVILLE FL 32202**

**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, 2002 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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **GRASHOF, MICHAEL F**  
**STREET ADDRESS** **7905 JAMES ROAD**  
**CITY-ST-ZIP** **FORT PIERCE FL 34951**

**TITLE** **D** ☒ Change ☐ Addition  
**NAME** **GRASHOF, Michael F**  
**STREET ADDRESS** **204 Gallicia Ave**  
**CITY-ST-ZIP** **St Augustine, FL 32086**

**TITLE** **D** ☐ Delete  
**NAME** **GRASHOF, TERESA K**  
**STREET ADDRESS** **7905 JAMES ROAD**  
**CITY-ST-ZIP** **FORT PIERCE FL 34951**

**TITLE** **D** ☒ Change ☐ Addition  
**NAME** **Grashof Teresa**  
**STREET ADDRESS** **204 Gallicia Ave**  
**CITY-ST-ZIP** **St Augustine FL 32086**

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

**TITLE** **D** ☒ Change ☐ Addition  
**NAME** **Grashof John F**  
**STREET ADDRESS** **105 27th St. S.**  
**CITY-ST-ZIP** **Brigantine NJ 08203**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
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**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:**

**Michael F Grashof** **Michael F Grashof** **4/2/02** **904 669-3892**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)