

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90067 025 ***158.75

DOCUMENT # 572422

1. Entity Name

FISH FINDER INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

179 SOUTH BAY DR

Suite, Apt. #, etc.

3. Mailing Address

179 SOUTH BAY DR

Suite, Apt. #, etc.

City & State

NAPLES FL

Zip 34108

Country

US

City & State

NAPLES FL

Zip 34108

Country

US

4. FEI Number

65-0279715

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

PAUL HARVEY

Street Address (P.O. Box Number is Not Acceptable)

179 SOUTH BAY DR

City

NAPLES

FL

Zip Code

34108

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 reg. stored agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
P
HARVEY, PAUL
179 SOUTH BAY DR
NAPLES, FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
HARVEY, MONICA
179 SOUTH BAY DR
NAPLES, FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
BDG F. TRUST
179 SOUTH BAY DR
NAPLES, FL 34108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

MONICA HARVEY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 239-597-2063
Date Daytime Phone #