

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90181 050 ***150.00

DOCUMENT # V 13188

1. Entity Name

ULTIMATE Fishing Charters

Principal Place of Business

Reliant Lane Resort
 84457 Old Overseas Highway
 Islamorada, FL 33036

Mailing Address

P.O. Box 892
 Islamorada, Fla.
 33036

2. Principal Place of Business

Reliant Lane Resort

3. Mailing Address

P.O. Box 892

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Islamorada, FL

City & State

Islamorada, FL

4. FEI Number

65-038036

Applied For

Not Applicable

Zip

33036

Country

U.S.

Zip

33036

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Stephen H. Roth
 c/o Zach, Spawber, Kohnitzky, Et.
 100 SE. 2nd St. 2nd Floor
 Miami, Fla 33131 U.S.

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	President	<input type="checkbox"/> Delete
NAME	Brian Rhodes	
STREET ADDRESS	227 17th St.	
CITY-ST-ZIP	Tavern, FL 33070	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Sam Douglas	
STREET ADDRESS	77 Mating Place	
CITY-ST-ZIP	Kingsport, Fla	
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		
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		
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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:

Brian Rhodes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-00

Date

Daytime Phone #

CR2E034 (9/99)