[redacted]ENDED REPORT $61.25

[redacted]00 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V13188

1. Entity Name

Ultimate Fishing Charters Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV 22 PM 12:15

Principal Place of Business	Mailing Address
Pelican Cove Resort 84157 Overseas Hwy. Islamorada, Fl. 33036	P.O. Box 892 Islamorada, Fl. 33036

2. Principal Place of Business	3. Mailing Address
See above	See above
Suite, Apt. #, etc.: See above	Suite, Apt. #, etc.: See above
City & State: See above	City & State: See above
Zip: See Above / Country: Monroe	Zip: 33036 / Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650318036 — ☐ Applied For ☒ Not Applicable

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
Steve Rush 1001 E. 2nd St Suite 220D Panama Fla 33177	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 N/A
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Director Brian Rhodes 228 Hibiscus St. Tavernier, Fl. 33070	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/Director Fred Lofgren 552 West Rd. Lombard, Il. 60148	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary James Daugherty 81 Mahony Place Key Largo, Fl. 33037	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President James E. Johnson P.O. Box 77 Tavernier Fla. 33070	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800003492998--6 -12/11/00--01023--021	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	*****61.25 ☐ Change ☐ Addition 12/5	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 — V-President — 9-1-2000 — 305-852-4969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #