

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V57943**

1. Entity Name
FISHING ON THE EDGE, INC.

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90104 034 ***150.00

0699437 AT

Principal Place of Business
422 RIVERSIDE DRIVE
EVERGLADES CITY FL 34139

Mailing Address
P.O. BOX 84
EVERGLADES CITY FL 34139



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
NO CHANGE

3. Mailing Address
NO CHANGE

Suite, Apt. #, etc.

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SAALMAN, WILLIAM G., III
422 RIVERSIDE DRIVE
EVERGLADES CITY FL 34139

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 **WILLIAM G SAALMAN** **2/22/02**
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

TITLE **PT** ☐ Delete
NAME **SAALMAN, WILLIAM G., III**
STREET ADDRESS **422 RIVERSIDE DRIVE**
CITY-ST-ZIP **EVERGLADES CITY FL 34139**

TITLE **VP** ☐ Delete
NAME **SAALMAN, VIRGINIA**
STREET ADDRESS **422 RIVERSIDE DRIVE**
CITY-ST-ZIP **EVERGLADES CITY FL 34139**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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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 Block 12 if changed, or on an addendum with an address, with all other like empowered.

SIGNATURE: **2/22/02 941-695-2019**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)