

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90040 005 \*\*\*150.00

0018210

**DOCUMENT # P97000107070**

1. Entity Name  
**401 (K) FISHING CHARTERS, INC.**

Principal Place of Business  
**2415 PINE ISLAND COURT  
 JACKSONVILLE FL 32224**

Mailing Address  
**2415 PINE ISLAND COURT  
 JACKSONVILLE FL 32224**

*\* change of address*

2. Principal Place of Business  
**8280 Whisper Lakes Ct**  
 Suite, Apt. #, etc.

3. Mailing Address  
**8280 Whisper Lakes Ct**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Mobile AL**

City & State  
**Mobile AL**

4. FEI Number **59-3498261**

Applied For  
 Not Applicable

Zip **36619** Country **USA**

Country **USA**

Zip **36619** Country **USA**

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

**SMITH HULSEY & BUSEY  
 225 WATER STREET  
 SUITE 1800  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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	<b>P</b> <b>CLEMENT, JAMES R</b> <del>2415 PINE ISLAND CT.</del> <del>JACKSONVILLE FL 32224</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8280 Whisper Lakes Ct</b> <b>Mobile, AL 36619</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CLEMENT, JULIE M</b> <del>2415 PINE ISLAND CT.</del> <del>JACKSONVILLE FL 32224</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8280 Whisper Lakes Ct</b> <b>Mobile, AL 36619</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Julie M Clement*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/01**  
 Date

**334-666-4446**  
 Daytime Phone #

CR2E034 (10/00)