## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P93000037597

## BAITMASTERS OF SOUTH FLORIDA, INC.

changed, or on an attachment

SIGNATURE:

Principal Place of Business		Mailing Address		
6911 NE 3RD AVE MAIMI FL 33138 US	6911 NE 3RD AVE MIAMI FL 33138-551 US	11		
2. Principal Place of	Business	3. Mailing Address	S	
Suite, Apt. #, etc.		Suite, Apt. #, etc	D.	
City & State		City & State		
Zip	Country	Zip	Country	

## **FILED** May 11, 2000 8:00 am Secretary of State 05-11-2000 90283 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Addit Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name  PUMO, MARK 6911 NE 3RD AVE MIAMI FL 33138  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	May Be o Fees
6. Name and Address of Current Registered Agent  PUMO, MARK 6911 NE 3RD AVE MIAMI FL 33138  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered Agent signature, hiped or printed name of registered agent and title if applicable.  (NOTE: Registered Agent agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See oriteria on back)  TITLE  D PUMO, MARK  6911 NE 3RD AVE MAME  Signature, hiped or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when relinations)  DATE  DATE  TITLE  D PUMO, MARK  6911 NE 3RD AVE MAME  STREET ADDRESS  CITY-SI-ZIP  TITLE  D Delete  TIT	May Be o Fees
PUMO, MARK 6911 NE 3RD AVE MIAMI FL 33138  City  City  FL  Zip Code  City  FL  Signature, typed or printed name of registered agent, or both, in the State of Florida.  DATE  9. This corporation is eligible to satisfy its Intangible Tax fling requirement and elects to do so. (See criteria on back)  Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  Added Intake  Added Intake  Added Intake  Sirect Address (P.O. Box Number is Not Acceptable)  Zip Code  City  FL  Zip Code  After MAY 1, 2000 Fee yill be \$550.00  Make Check Payable to Department of State  11.  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  ITILE  Delete  ITILE  Delete  ITILE  Change  C	o Fees
PUMO, MARK 6911 NE 3RD AVE MIAMI FL 33138  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, hyped or printed name of registered agent and till of applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so.  (See criteria on back)  DITLE  NAME PUMO, MARK PUMO, MARK PUMO, MARK STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  MAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete  TITLE  Change  Change  Change  Change  Change	o Fees
6911 NE 3RD AVE MIAMI FL 33138  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 reinstiting)  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. OFFICERS AND DIRECTORS  15. OCTANGE  16. Election Campaign Financing Trust Fund Contribution.  Added Interest and Contribution.  Added Interest and Contribution.  TITLE  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  18. Election Campaign Financing Trust Fund Contribution.  Added Interest and Contribution.  Added Interest and Contribution.  Change  TITLE  18. Delete  18. Election Campaign Financing Trust Fund Contribution.  Added Interest and Contribution.  Added Interest and Contribution.  Change  Change  City-ST-ZIP  TITLE  18. Delete  18. Election Campaign Financing Trust Fund Contribution.  Added Interest and Contribution.  Change  Change  City-ST-ZIP  TITLE  18. Delete  City-ST-ZIP  Change  Ch	o Fees
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 filling requirement and elects to do so. (See criteria on back)   DATE    11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS    TITLE NAME SIREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   Change    NAME SIREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   Change    NAME SIREET ADDRESS   CITY-ST-ZIP    TITLE   Delete   TITLE   Change      Change   Change	o Fees
8. The above named entity submits this statement for the purpose of changing its 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)   After MAY 1, 2000   Fee will be \$550.00   Make Check Payable to Department of State     11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS     17. TITLE   D	o Fees
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   Public corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   After MAY 1, 2000 Fee will be \$550.00	o Fees
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CITY-ST-ZIP CITY-ST-ZIP	☐ 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 infindicated 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 of	Addition

CORRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR