2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 13, 2000 8:00 am DOCUMENT # P9900004963 1. Entity Name Secretary of State MUD HOLE CUSTOM TACKLE, INC. 02-13-2000 90020 028 ***150.00 Principal Place of Business Mailing Address 5850 SHERYL ANITA STREET 5850 SHERYL ANITA STREET OVIEDO FL 32765 OVIEDO FL 32765-8766 00049223 2. Principal Place of Business Mailing Address ROAD SAME GOLDEN ROD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State Not Applicable Country \$8.75 Additional Ζip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change Delete TITLE MCNAMARA, THOMAS J NAME **5850 SHERYL ANITA STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **OVIEDO FL 32765** Addition Change TITI F Delete TITLE KIRKLAND, RONALD N NAME NAME **5850 SHERYL ANITA STREET** STREET ADDRESS STREET ADDRESS CITY_ST_ZIP. CITY-ST-ZIP OVIEDO FL 32765_ ☐ Change Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS 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.