2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2001 8:00 am **DOCUMENT # 263086 Secretary of State** 1. Entity Name JOHN'S TACKLE SHOP, INC. 02-21-2001 90028 028 ***150.00 Principal Place of Business Mailing Address 301 EAST BLUE HERON BLVD 301 EAST BLUE HERON BLVD RIVIERA BCH FL 33404 RIVIERA BCH FL 33404 D0019223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1023688 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAMMETT, FRANK W Street Address (P.O. Box Number is Not Acceptable) 320 EAST 25TH ST RIVIERA BEACH FL 33404 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PTD ☐ Addition ☐ Change TITLE ☐ Delete TITL F HAMMETT, FRANK W NAME NAME STREET ADDRESS STREET ADDRESS 320 EAST 25TH ST CITY-ST-ZIP CITY-ST-ZIP RIVIERA BCH, FL 00000 ☐ Addition Change TITLE ☐ Delete TITLE NAME HAMMETT, KEVIN STREET ADDRESS STREET ADDRESS 320 EAST 25TH ST CITY-ST-ZIP CITY-ST-ZIP RIVERA BEACH FL 33404 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 94 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

CER OR DIRECTOR

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