

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 501697

1. Entity Name

PRODUCTO LURE COMPANY, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90148 025 \*\*\*150.00

Principal Place of Business

Mailing Address

590 RINEHART RD.  
LAKE MARY FL 32746

590 RINEHART RD.  
LAKE MARY FL 32746-4800

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

918 W 1st Street  
SANFORD FL.

918 W FIRST STREET  
SANFORD FL.

Zip  
32771

Country

Zip  
32771

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1699694

Applied For

Not Applicable

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

CRAIG M BAYHI  
590 RINEHART RD  
LAKE MARY FL 32746

Name

Street Address (P.O. Box Number is Not Acceptable)

918 W 1st STREET  
SANFORD

City

FL

Zip Code

32771

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 filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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 P ☐ Delete  
NAME BAYHI, CRAIG M.  
STREET ADDRESS 1305 SWEETWATER CLB.BLVD  
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ Change ☐ Addition  
NAME 918 W 1st Street  
STREET ADDRESS Sanford FL 32771  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME BAYHI, BARBARA  
STREET ADDRESS 1305 SWEETWATER CLB.BLVD  
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ Change ☐ Addition  
NAME 918 W 1st Street  
STREET ADDRESS SANFORD FL 32771  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00  
Date

Daytime Phone #

CR2E034 (9/99)