

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001202

1. Entity Name

CHRIS' BAIT & TACKLE, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90181 015 ***150.00

Principal Place of Business

Mailing Address

6124 BOROWY
COMMERCE TOWNSHIP MI 48382

6124 BOROWY
COMMERCE TOWNSHIP MI 48382-3611

2. Principal Place of Business

90800 U.S HWY 1
Suite, Apt. #, etc.
BOX 6

3. Mailing Address

90800 U.S HWY 1
Suite, Apt. #, etc.
BOX 6



DO NOT WRITE IN THIS SPACE

City & State
TAVERNIER, FL.

City & State
TAVERNIER, FL

4. FEI Number 38-3447644

Applied For
Not Applicable

Zip 33070 Country USA

Zip 33070 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

WILES, CHRIS
9830 LEEWARD
KEY LARGO FL 33037

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 CHRISTINE WILES, OWNER Christine Wiles 4-7-00
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD WILES, DAVID 6124 BOROWY COMMERCE TOWNSHIP MI 48382	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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"/> 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: Christine Wiles CHRISTINE WILES 4-7-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)