

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2000 8:00 am**  
**Secretary of State**

02-17-2000 90079 003 \*\*\*163.75

**DOCUMENT # H25657**

1. Entity Name

**L AND M BAIT INCORPORATED**

Principal Place of Business

Mailing Address

827 EISENHOWER DR  
 KEY WEST FL 33040

827 EISENHOWER DR  
 KEY WEST FL 33040-7207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

#201

833 EISENHOWER DR

Suite, Apt. #, etc.

833 EISENHOWER DR #201

City & State

KEY WEST, FL

City & State

KEY WEST, FL

Zip

33040

Country

USA

Zip

33040

Country

USA

4. FEI Number

59-2453245

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MUNROE, CHARLES A.  
 827 EISENHOWER DRIVE  
 KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name **CHARLES A MUNROE**

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

**833 EISENHOWER DR # 201**

City

**KEY WEST**

FL

Zip Code

**33040**

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

*Charles A. Munroe*

**CHARLES A MUNROE**

**2/11/00**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VSD	LANG, ERIC B.	1 EMERALD DR.	BIG COPPIT FL	<input type="checkbox"/>
PTD	MUNROE, CHARLES A.	827 EISENHOWER DRIVE	KEY WEST FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PTD	MUNROE, CHARLES A	833 EISENHOWER DR #201	KEY WEST, FL 33040	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

*Charles A. Munroe*

**CHARLES A MUNROE**

**2/11/00**

**305-292-3725**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)