

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90001 020 \*\*\*550.00

**DOCUMENT # H25657**

1. Entity Name

**L AND M BAIT INCORPORATED**

Principal Place of Business

**833 EISENHOWER DR  
 # 201  
 KEY WEST FL 33040**

Mailing Address

**833 EISENHOWER DR  
 # 201  
 KEY WEST FL 33040**

2. Principal Place of Business

**833 Eisenhower Dr**

3. Mailing Address

**833 Eisenhower Dr**

Suite, Apt. #, etc.

**#201**

Suite, Apt. #, etc.

**#201**

City & State

**KEY WEST FL**

City & State

**KEY WEST FL**

Zip

**33040**

Country

**USA**

Zip

**33040**

Country

**USA**

6. Name and Address of Current Registered Agent

**MUNROE, CHARLES A.  
 833 EISENHOWER DR  
 # 201  
 KEY WEST FL 33040**

7. Name and Address of New Registered Agent

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

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 **VSD** ☐ Delete  
 NAME **LANG, ERIC B.**  
 STREET ADDRESS **1 EMERALD DR.**  
 CITY-ST-ZIP **BIG COPPIT-FL**

TITLE **PTD** ☐ Delete  
 NAME **MUNROE, CHARLES A.**  
 STREET ADDRESS **833 EISENHOWER DR # 201**  
 CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-5-01**

**305 296-6087**

Date Daytime Phone #

CR2E034 (5/01)