

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H36383

1. Entity Name

LOXAHATCHEE BAIT AND TACKLE, INC.

Principal Place of Business

14567 SOUTHERN BLVD.
P O BOX 1322
LOXAHATCHEE FL 33470

Mailing Address

14567 SOUTHERN BLVD
LOXAHATCHEE FL 33470
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2438004

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

VIERA, JOSE
14567 SOUTHERN BLVD
LOXAHATCHEE FL 33470

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 \$150.00
After MAY 1, 2001 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

PD
VIERA, JOSE
14567 SOUTHERN BLVD.
LOXAHATCHEE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
MORROW, CRISTINA
16859 77TH LANE NO
LOXAHATCHEE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
VIERA, CRISTINA
11851 51ST CT N
ROYAL PALM BCH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S
VIERA, LISSETTE
17853 87TH LANE NORTH
LOXAHATCHEE FL 33470

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☐ Change ☐ 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:

Jose VIERA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-01

Date

561

798-6558

Daytime Phone #

CR2E034 (10/00)

000857

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90085 048 ***150.00



DO NOT WRITE IN THIS SPACE