

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # H71946**

1. Entity Name

C & H LURES ULTIMATE TACKLE CENTER, INC.**FILED****Feb 05, 2001 8:00 am**
Secretary of State

02-05-2001 90107 044 ***150.00

Principal Place of Business

Mailing Address

**13051 BEACH BLVD.
JACKSONVILLE FL 32246****13051 BEACH BLVD.
JACKSONVILLE FL 32246**

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 **59-2723042**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEEK, EUGENE G III
1301 RIVER PLACE BLVD
STE 1609
JACKSONVILLE FL 32207**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
☐ Delete	D WORKMAN, DAVID E., JR. 13051 BEACH BLVD JACKSONVILLE FL 32246	☐ Change ☐ Addition	
☐ Delete	D COMBS, DONALD R. 13051 BEACH BLVD JACKSONVILLE FL 32246	☐ Change ☐ Addition	
☐ Delete	DVP COMBS, ROGER L. 13051 BEACH BLVD JACKSONVILLE FL 32246	☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DAVID E WORKMAN, JR 1/29/01 904 992-9600

CR2E034 (10/00)