

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**  
 04-22-2000 90084 015 \*\*\*150.00

**DOCUMENT #** K43478  
**1. Entity Name** Discount Tackle Outlet, Inc.  
 DBA - Sports City

**Principal Place of Business** 4805 Gulf Blvd.  
 St. Pete Beach, FL 33706-2409  
**Mailing Address**

**2. Principal Place of Business** 4805 Gulf Blvd.  
 Suite, Apt. #, etc.  
**3. Mailing Address** 4639 Mirabella Court  
 Suite, Apt. #, etc.

**City & State** St. Pete Beach, FL  
**Zip** 33706-2409  
**Country**  
**City & State** St. Pete Beach, FL  
**Zip** 33706  
**Country**

**4. FEI Number** 59-2930258  
**Applied For** Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 James R. Bickel  
 4639 Mirabella Court  
 St. Pete Beach, FL 33706

**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] **DATE** 4/13/00  
 (NOTE: Registered Agent signature required when reinstating)

**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	Pres.	<input type="checkbox"/> Delete
NAME	James R. Bickel	
STREET ADDRESS	4639 Mirabella Court	
CITY-ST-ZIP	St. Pete Beach, FL 33706	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	Mary C. Bickel	
STREET ADDRESS	4639 Mirabella Court	
CITY-ST-ZIP	St. Pete Beach, FL 33706	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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] **DATE** 4/13/00 **Daytime Phone #** 727-363-3111  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)