

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K52971

1. Entity Name
THE BAIT SHACK, INC. OF VOLUSIA COUNTY

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90189 035 ***158.75

Principal Place of Business
79 EAST DUNLAWTON AVENUE
PORT ORANGE FL 32127

Mailing Address
5783 DOGWOOD RD
PORT ORANGE FL 32127



2. Principal Place of Business
Suite, Apt #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt #, etc.
City & State
Zip

Handwritten: SAME AS ABOVE

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2930125
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCACCIA, JOSEPH
5783 DOGWOOD RD
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

Handwritten: N/A

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

Handwritten: N/A

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, 2002 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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCACCIA, JOSEPH		NAME		
STREET ADDRESS	5783 DOGWOOD RD		STREET ADDRESS		
CITY-ST-ZIP	PT. ORANGE FL 32127		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCACCIA, DENNIS J.		NAME		
STREET ADDRESS	5783 DOGWOOD RD		STREET ADDRESS		
CITY-ST-ZIP	PT. ORANGE FL 32127		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

Handwritten: N/A

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 #

Handwritten: (386) 767-4270
Handwritten: 4-16-02 (386) 788-2466

CR2F034 (9/01)