

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90348 010 ***150.00

DOCUMENT # P00000005329

1. Entity Name

R & C FISHING, INC.

Principal Place of Business

**326 WOOTEN ROAD
 LUTZ FL 33549**

Mailing Address

**326 WOOTEN ROAD
 LUTZ FL 33549**

2. Principal Place of Business

326 Wooten Road

Suite, Apt. #, etc.

3. Mailing Address

326 Wooten Rd

Suite, Apt. #, etc.

City & State

Lutz, FL

City & State

Lutz, FL

Zip

33549

Country

U.S

Zip

33549

Country

U.S

4. FEI Number

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

**SHORT, PAUL R
 7522 NORTH 40TH STREET
 TAMPA FL 33604**

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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **ZACKER, RITCHIE A**
 CITY-ST-ZIP **326 WOOTEN ROAD**
LUTZ FL 33549

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

TITLE ☐ Delete
 NAME **DST**
 STREET ADDRESS **HUDGENS, CHRISTOPHER S**
 CITY-ST-ZIP **6005 NORTH TAMPA STREET**
TAMPA FL 33604

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Ritchie A Zacker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-01

Date

813-960-4477

Daytime Phone #

CR2E034 (10/00)

815040



DO NOT WRITE IN THIS SPACE