

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000009172

1. Entity Name

HOOKEE SPORTFISHING, INC.

FILED

Feb 20, 2001 8:00 am  
Secretary of State

02-20-2001 90065 018 \*\*\*150.00

Principal Place of Business

Mailing Address

3301 NORTHEAST 27TH TERRACE  
LIGHTHOUSE POINT FL 33064

3301 NORTHEAST 27TH TERRACE  
LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

3396 NE 29 AVE

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

City & State

Same

Zip

Country

33064

Zip

Country

Broward

4. FEI Number

65-0975746

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

SMITH, FRANK "SKIP"

3301 NORTHEAST 27TH TERRACE  
LIGHTHOUSE POINT FL 33064

Name

FRANK D SMITH JR (SKIP)

Street Address (P.O. Box Number is Not Acceptable)

3396 NE 29 AVE

City

Lighthouse Point

FL

Zip Code

33064

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.

FRANK D. SMITH JR

(NOTE: Registered Agent signature required when reinstating)

2-8-01

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 D ☐ Delete  
NAME SMITH, FRANK "SKIP"  
STREET ADDRESS 3301 NORTHEAST 27TH TERRACE  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DSTP ☒ Change ☐ Addition  
NAME Frank D. Smith JR (SKIP) NAME correction  
STREET ADDRESS 3396 NE 29 AVE  
CITY-ST-ZIP LHP FL 33064

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

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

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

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

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:

FRANK D. SMITH JR

2-8-01

954 784 7778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)