

150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90426 007 ***150.00

DOCUMENT # P01000069510

1. Entity Name

OCKLAHAHA BAIT AND TACKLE INC.
9923 HWY 301 N
TAMPA FL 33637

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19400 SE HWY 42

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

UMATILLA FL

City & State

Zip

32784

Country

USA

Zip

Country

4. FEI Number

59-7335092

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **DONALD WHITE**

Street Address (P.O. Box Number is Not Acceptable)
9923 HWY 301 NORTH

TAMPA

FL

Zip Code **33637**

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
DOANLD WHITE
9923 HWY 301 N
TAMPA FL 33637
VP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STANLEY SMITH STEAMAN
19400 SE HWY 42
UMATILLA FL 32784
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02

Date

(352) 821-3474

Daytime Phone #

CR2E034B (12/01)