FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
05-09-2002 90037 017 ***150.00

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DOCUMENT # P01000095254

1. Entity Name
Captain Hook's Bait & tackle, INC.

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2. Principal Place of Business	3. Mailing Address
2837 Coastal Highway	2837 Coastal Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32084 Country: St Johns	Zip: 32084 Country: St. Johns

4. FEI Number 59-3746107 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. **Name and Address of Current Registered Agent**

Name: DAVID INTERNOSCIA
Street Address (P.O. Box Number is Not Acceptable): 3149 Ponce de Leon BLVD
UNIT # 7
City: St Augustine **FL** Zip Code: 32084

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	PTD	TITLE	
NAME	Robert J. Ditzig	NAME	
STREET ADDRESS	609 20th st.	STREET ADDRESS	
CITY-ST-ZIP	St. Augustine, FL 32084	CITY-ST-ZIP	
TITLE	VSD	TITLE	
NAME	Linda L. Ditzig	NAME	
STREET ADDRESS	609 20th street	STREET ADDRESS	
CITY-ST-ZIP	St. Augustine, FL 32084	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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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: Robert Ditzig President 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #