

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90123 027 ***150.00

0501407 AV

DOCUMENT # P01000096735

1. Entity Name
JACK'S BAIT SHACK, INC.

Principal Place of Business
 2674 FOUNTAIN VIEW CIRCLE
 #105
 NAPLES FL 34109

Mailing Address
 2674 FOUNTAIN VIEW CIRCLE
 #105
 NAPLES FL 34109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 975 Imperial G.C. Blvd Same

3. Mailing Address
 Same

Suite, Apt. #, etc.
 #101

Suite, Apt. #, etc.
 Same

City & State
 Naples FL

City & State
 Same

4. FEI Number
 59-3748230

Applied For
 Not Applicable

Zip
 34110 Country FL/USA

Zip
 34110 Country USA

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

6. Name and Address of Current Registered Agent

RICHARDS, JULIA
 2674 FOUNTAIN VIEW CIRCLE
 #105
 NAPLES FL 34109

7. Name and Address of New Registered Agent

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 **3-18-02**
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KOOGLER, GREGORY 556 107TH AVE N NAPLES FL 34109 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PERKINS, JOHN 6014 SHIRLEY STREET SUITE B NAPLES FL 34109 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHARDS, JULIA 2674 FOUNTAIN VIEW CIRCLE NAPLES FL 34109 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **3-18-02** **941-594-3460**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)