

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90020 011 ***150.00

0569778 AV

DOCUMENT # P02000107368

1. Entity Name
RIVERLAND BAIT & TACKLE, INC.



Principal Place of Business
12149 SW WILLIAMS ST
DUNNELLON FL 34432

Mailing Address
12149 SW WILLIAMS ST
DUNNELLON FL 34432



2. Principal Place of Business
12149 S. Williams St

3. Mailing Address

Suite, Apt. #, etc.
Suite H

Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
Dunnellon, FL

City & State

4. FEI Number
14-1851425

Applied For
Not Applicable

Zip
34432

Country
USA

Zip

Country

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

MORRISON, SHERRI
12149 SW WILLIAMS ST
DUNNELLON FL 34432

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sherrri Morrison*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04-25-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D MORRISON, GREG
12149 SW WILLIAMS ST
DUNNELLON FL 34432

☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D MORRISON, SHERRI
12149 SW WILLIAMS ST
DUNNELLON FL 34432

☐ **Delete**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ **Change** ☐ **Addition**

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☐ **Delete**

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☐ **Change** ☐ **Addition**

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

352-465-2755

Date

Daytime Phone #

CR2E034 (10/02)