

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90164 010 \*\*\*150.00

**DOCUMENT # P92000012058**

1. Entity Name

HOWARD'S BAIT & TACKLE, INC.



Principal Place of Business

96 DUNLAWTON AVENUE  
PORT ORANGE FL 32127

Mailing Address

96 DUNLAWTON AVENUE  
PORT ORANGE FL 32127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3164213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

11009291



## 6. Name and Address of Current Registered Agent

ALLEN, HOWARD L  
96 DUNLAWTON AVENUE  
PORT ORANGE FL 32127

## 7. Name and Address of New Registered Agent

Name

ALLEN, WILLIAM H.

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

96 DUNLAWTON AVENUE

City

PORT ORANGE

FL

Zip Code

32127

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

*William H. Allen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/20/03*

DATE

**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  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME ALLEN, HOWARD L  
STREET ADDRESS 8 VENETIAN CIRCLE  
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE STD ☐ Delete  
NAME ALLEN, PHYLLIS M  
STREET ADDRESS 8 VENETIAN CIRCLE  
CITY-ST-ZIP DAYTONA BEACH FL 32118

TITLE D ☒ Delete  
NAME ALLEN, WILLIAM H  
STREET ADDRESS 109 DOVER CT  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Change ☐ Addition  
NAME ALLEN, WILLIAM H.  
STREET ADDRESS 109 DOVER COURT  
CITY-ST-ZIP PORT ORANGE, FL 32127

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

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

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

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

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:

*William H. Allen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/20/03* (386) 761-8478  
Date Daytime Phone #

CR2E034 (10/02)