

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **93000038022**

1. Entity Name **Sommers Bait Company Inc** ✓

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90063 017 ***150.00

Principal Place of Business **17393 Kennedy Dr**
N. Reighton Beach FL 33708

Mailing Address **17393 Kennedy Dr**
N. Reighton Beach
FLA. 33708

661269

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country **USA**

4. FEL Number **59 3184747**
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Robert R Somers
17393 Kennedy Dr
N. Reighton Beach FLA 33708

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 **Robert R Somers**

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, 2000 Fee will be \$550.00
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	POT	<input type="checkbox"/> Delete
NAME	Bernice Z Somers	
STREET ADDRESS	17393 Kennedy Dr	
CITY-ST-ZIP	N. Reighton Beach FLA 33708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Matthew A Loden	
STREET ADDRESS	5055 Oaklawn Ln	
CITY-ST-ZIP	Seminole FLA 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	Robert R. Somers	
STREET ADDRESS	17393 Kennedy Dr	
CITY-ST-ZIP	N. Reighton Beach FLA 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: **Robert R Somers Director**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-26-00** Daytime Phone # **727 394 1784**

CR2E034 (9/99)