2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

le empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 13, 2001 8:00 am Secretary of State DOCUMENT # P93000045438 1. Entity Name ROBERTS TACKLE CO., INC. 04-13-2001 90073 038 ***150.00 Mailing Address Principal Place of Business 1120 MOLAKI DR 1120 MOLAKI DR MERRITT ISLAND FL 32-9532 MERRITT ISLAND FL 32953 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3194911 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent - Name_ -- بدر معتبات بعاد عيد . - جيم ROBERTS, DERWOOD P Street Address (P.O. Box Number is Not Acceptable) 1120 MOLAKI DR **MERRITT ISLAND FL 32953** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME ROBERTS, DERWOOD P STREET ADDRESS STREET ADDRESS 1120 MOLAKI DR CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the leceiver or trustee entry changed, or on an attachment with an address. this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 world to ekecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if