

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037846

1. Entity Name

SALONIKA BAIT & TACKLE SHOP, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90013 030 ***150.00

Principal Place of Business

8623 REGENCY PARK BOULEVARD
 PORT RICHEY FL 34668

Mailing Address

8623 REGENCY PARK BOULEVARD
 PORT RICHEY FL 34668-5742

2. Principal Place of Business

6211 RIDGE ROAD

Suite, Apt. #, etc.

3. Mailing Address

9300 REGENCY PARK BLVD

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PORT RICHEY, FL

City & State

PORT RICHEY, FL

4. FEI Number

59-3375078

Applied For

Not Applicable

Zip

Country

34668 PASCO

Zip

Country

34668 PASCO

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

KLINE, PATRICIA A
 6810 HERON DR
 HUDSON FL 34667

Name
 ANTOINETTE PRANGA

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

8300 LOS ALAMOS

City
 PORT RICHEY

FL

Zip Code
 34668

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

Antoinette Pranga ANTOINETTE PRANGA

4/24/00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	KLINE, PATRICIA	
STREET ADDRESS	6810 HERON DR	
CITY-ST-ZIP	HUDSON FL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KLINE, GLEN E	
STREET ADDRESS	6810 HERON DR	
CITY-ST-ZIP	HUDSON FL	
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		
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTOINETTE PRANGA	
STREET ADDRESS	8300 LOS ALAMOS	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
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
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:

Antoinette Pranga ANTOINETTE PRANGA

4/24/00

Date

Daytime Phone #

CR2E034 (9/99)