

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90405 046 \*\*\*150.00

**DOCUMENT # P96000082991**

1. Entity Name

**FOOTLESS FISHING AND CHUM COMPANY, INC.**

Principal Place of Business

**1337 OCEAN BREEZE PARK  
 MARATHON FL 33050**

Mailing Address

**P.O. BOX 500429  
 MARATHON FL 33050**

2. Principal Place of Business

**520 Hwy 98**

3. Mailing Address

**P.O. Box 69**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Apalachicola FL**

City & State

**Apalachicola FL**

Zip

**32329**

Country

**USA**

Zip

**32329**

Country

**USA**

4. FEI Number

**65-0701229**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SCHROEDER, THOMAS E**

**1337 OCEAN BREEZE PARK**

**MARATHON FL 33050**

Name

**Same - Schroeder Thomas E.**

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

**520 Hwy 98**

City

**Apalachicola**

**FL**

Zip Code

**32329**

7. Name and Address of New Registered Agent

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

*Thomas E. Schroeder*

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

(NOTE: Registered Agent signature required when reinstating)

**4/15/02**  
 (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, 2002 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 type="checkbox"/> Delete
NAME	SCHROEDER, THOMAS E	
STREET ADDRESS	1337 OCEAN BREEZE PARK	
CITY-ST-ZIP	MARATHON FL 33050	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	ROBERSON, DEBRA LIN	
STREET ADDRESS	28 MUIRFIELD CIR.	
CITY-ST-ZIP	WHEATON IL 60187	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHROEDER, THOMAS E	
STREET ADDRESS	520 Hwy 98, P.O. Box 69	
CITY-ST-ZIP	Apalachicola, FL 32329	
TITLE	Paul M. Kozmer STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1337 Ocean Breeze Park	
STREET ADDRESS	520 Hwy 98, P.O. Box 69	
CITY-ST-ZIP	Marathon, FL 33050	
	Apalachicola, FL 32329	
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		
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 life empowered.

SIGNATURE:

*Thomas E. Schroeder*  
 (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

**4/15/02**  
 (Date)

**305-731-0044**  
 Daytime Phone #

CR2E034 (9/01)