

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049858

1. Entity Name
ALLAN'S BAIT & TACKLE, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90339 032 ***150.00

Principal Place of Business
325 E BURLEIGH BLVD
TAVARES FL 32778
US

Mailing Address
325 E BURLEIGH BLVD
TAVARES FL 32778
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3461183

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HAUSS, MICHAEL R
103 6TH AVE
HOWEY-IN-THE-HILLS FL 34737

Name Michael T. Hauss
Street Address (P.O. Box Number is Not Acceptable)
1036th Ave.
City Howey in the Hills FL Zip Code 34737

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 Michael T. Hauss

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

(NOTE: Registered Agent signature required when reinstating)

4/9/01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME HAUSS, MICHAEL T
STREET ADDRESS 103 6TH AVE
CITY-ST-ZIP HOWEY-IN-THE-HILLS FL 34737

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

TITLE D ☐ Delete
NAME HAUSS, SHERRY E
STREET ADDRESS 103 6TH AVE
CITY-ST-ZIP HOWEY-IN-THE-HILLS FL 34737

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Michael T. Hauss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/01

Date

352-742-0036

Daytime Phone #

CR2E034 (10/00)