

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90232 035 ***550.00

DOCUMENT # P97000080665

1. Entity Name

POLK CITY BAIT & TACKLE, INC.

Principal Place of Business

**225 N COMMONWEALTH AVE
 POLK CITY FL 33868**

Mailing Address

**225 N COMMONWEALTH AVE
 POLK CITY FL 33868**

000216



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

205 N. Commonwealth
 Suite, Apt. #, etc.

3. Mailing Address

205 N. Commonwealth
 Suite, Apt. #, etc.

City & State

POLK City FL

City & State

POLK City, FL

Zip

33868

Country

Zip

33868

Country

4. FEI Number

59-3467470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BYWATER, JOSEPH G
 2000 E EDGEWOOD DR, STE 108-B
 LAKELAND FL 33803**

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

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

(NOT)

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!
 After MAY 1, 2001
 Make Check Payable to**

**FEE IS \$150.00
 Fee will be \$550.00
 Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **BUSH, O. DAVID**
 STREET ADDRESS **866 BUMBLY LN**
 CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE **D** ☐ Delete
 NAME **BUSH, SHIRLEY J**
 STREET ADDRESS **866 BUMBLY LN**
 CITY-ST-ZIP **AUBURNDAL FL 33823**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for
 indicated on this report or supplemental report is true and accurate and that n
 of the corporation or the receiver or trustee empowered to execute this report
 changed, or on an attachment with an address, with all other like empowered.

he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
 signature shall have the same legal effect as if made under oath; that I am an officer or director
 s required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

Shirley J Bush

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER C DIRECTOR

X5-20-01 X(863) 984-3188

Date

Daytime Phone #

CR2E034 (10/00)