

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90164 044 ***150.00

DOCUMENT # P97000085068

1. Entity Name
GOLDEN GATE TACKLE BOX, INC.



Principal Place of Business
P. O. BOX 990051
NAPLES FL 34116

Mailing Address
P. O. BOX 990051
NAPLES FL 34116

2. Principal Place of Business

4754 Golden Gate Pkwy

3. Mailing Address

Suite, Apt. #, etc.

City & State

NAPLES FLA

City & State

Zip

34116 CO111EA

Country

4. FEI Number **59-3471382**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MOOTISPAW, JEFF E
1180 SUGARBERRY ST
NAPLES FL 34117

7. Name and Address of New Registered Agent

Name **JESS E MOOTISPAW**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jess E. Mootispa** V.P.

JESS E MOOTISPAW

4-9-03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BAILEY, EVELYN B**
STREET ADDRESS **2772 MANORCA AVE.**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **D** ☐ Delete
NAME **BAILEY, RICHARD E**
STREET ADDRESS **2772 MANORCA AVE.**
CITY-ST-ZIP **NAPLES FL 34112**

TITLE **D** ☐ Delete
NAME **MOOTISPAW, EVELYN E**
STREET ADDRESS **1180 SUGARBERRY**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-03 239-348-8771

Date

Daytime Phone #

CR2E034 (10/02)