

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000050815

1. Entity Name

SALT SHAKER FISHING, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91248 021 ***150.00

Principal Place of Business

7420 COUNTY ROAD 381
 WEWAHITCHKA FL 32465

Mailing Address

7420 COUNTY ROAD 381
 WEWAHITCHKA FL 32465

2. Principal Place of Business

101 N. LAKEWOOD DR
 Suite, Apt. #, etc.

3. Mailing Address

101 N. LAKEWOOD DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

PANAMA CITY, FLA.

City & State

PANAMA CITY FLA.

4. FEI Number

59-3533770

Applied For

Not Applicable

Zip

32404

Country

USA

Zip

32404

Country

USA

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

KNOWLES, FREDDIE L
 7420 COUNTY ROAD 381
 WEWAHITCHKA FL 32465

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Freddie L. Knowles

4-22-01

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	PT	<input type="checkbox"/> Delete
NAME	KNOWLES, FREDDIE L	
STREET ADDRESS	7420 COUNTY ROAD 381	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
TITLE	VS	<input type="checkbox"/> Delete
NAME	KNOWLES, MARY M	
STREET ADDRESS	7420 COUNTY ROAD 381	
CITY-ST-ZIP	WEWAHITCHKA FL 32465	
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		

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, Freddie L	
STREET ADDRESS	101 W. LAKEWOOD DR.	
CITY-ST-ZIP	PANAMA CITY, FLA. 32404	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, Mary M	
STREET ADDRESS	101 N. LAKEWOOD DR.	
CITY-ST-ZIP	PANAMA CITY FLA. 32404	
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 like empowered.

SIGNATURE:

Freddie L. Knowles

Freddie L. Knowles

4-22-01

850-866-7272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)