

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000094481

1. Entity Name

TIGHT LINES & GOOD TIMES, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90089 026 ***150.00

Principal Place of Business C/O BOULDER VENTURE 330 E. KILBOURN AVENUE, SUITE 1454 MILWAUKEE WI 53202	Mailing Address C/O BOULDER VENTURE 330 E. KILBOURN AVENUE, SUITE 1454 MILWAUKEE WI 53202-3144
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Milwaukee, Wisconsin Suite, Apt. #, etc. #1454 City & State Milwaukee, Wisconsin Zip 53202 Country USA	3. Mailing Address 330 E. Kilbourn Avenue Suite, Apt. #, etc. #1454 City & State Milwaukee, Wisconsin Zip 53202 Country USA
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4. FEI Number 58-2427502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HUDOBA, STEPHEN M
101 E. KENNEDY BLVD.
SUITE 3700
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name
Same
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 (NOTE: 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!!! FEE IS \$150.00
After MAY 1, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P SCHMIDT, ROBERT JR 330 EAST KILBOURNE AVENUE, #1454 MILWAUKEE WI 53202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHMIDT, ROBERT E III 330 EAST KILBOURNE AVENUE, #1454 MILWAUKEE WI 53202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)