

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 06, 2000 8:00 am
Secretary of State
 04-06-2000 90025 049 ***150.00

DOCUMENT # P99000045466

1. Entity Name

CONCHY JOE'S MARINE & TACKLE, INC.

Principal Place of Business

2504 N. ROOSEVELT BLVD.
 KEY WEST FL 33040

Mailing Address

2504 N. ROOSEVELT BLVD.
 KEY WEST FL 33040-3927

2. Principal Place of Business

2502 N ROOSEVELT BLVD
 Suite, Apt. #, etc.

3. Mailing Address

2502 N ROOSEVELT BLVD
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

KEY WEST, FL

City & State

KEY WEST, FL

4. FEI Number

05-0921893

Applied For

Not Applicable

Zip

33040

Country

USA

Zip

33040

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MERNITZER
MERNITZER, KEN
 2504 N. ROOSEVELT BLVD.
 KEY WEST FL 33040

7. Name and Address of New Registered Agent

Name
MERNITZER KEN
 Street Address (P.O. Box Number is Not Acceptable)
2502 N ROOSEVELT BLVD
 City
KEY WEST FL Zip Code
33040

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MERWITZER, KENNETH	
STREET ADDRESS	97 N. JOHNSON RD.	
CITY-ST-ZIP	SUGARLOAF KEY FL 33042	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERWITZER, TRACIE KUTNER	
STREET ADDRESS	97 N. JOHNSON RD.	
CITY-ST-ZIP	SUGARLOAF KEY FL 33042	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: David Kutner-Merwitz
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TRACIE KUTNER-MERWITZER
 Date 3/30/00 Daytime Phone # 305-248-7145

CR2E034 (9/99)