

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 19, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000045466**1. Entity Name  
CONCHY JOE'S MARINE & TACKLE, INC.

Principal Place of Business 2502 N. ROOSEVELT BLVD.  KEY WEST FL 33040	Mailing Address 2502 N. ROOSEVELT BLVD.  KEY WEST FL 33040
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2. Principal Place of Business 2504 N. ROOSEVELT BLVD.	3. Mailing Address 2504 N. ROOSEVELT BLVD.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State KEY WEST FL	City & State KEY WEST FL
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4. FEI Number <b>65-0921893</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip 33040	Country	Zip 33040	Country
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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**MERITZER KEN  
2502 N. ROOSEVELT BLVD.

KEY WEST FL 33040 US

Name  
MERITZER KEN  
Street Address (P.O. Box Number is Not Acceptable)  
2504 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 \_\_\_\_\_ **01/19/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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 NAME STREET ADDRESS CITY-ST-ZIP	D MERWITZER TRACIE KUTNER 97 N. JOHNSON RD. SUGARLOAF KEY FL 33042 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERWITZER KENNETH 97 N. JOHNSON RD. SUGARLOAF KEY FL 33042 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERWITZER TRACIE KUTNER 3675 SEASIDE DR. #331 KEY WEST FL 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERWITZER KENNETH 3675 SEASIDE DR. #331 KEY WEST FL 33040 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: TRACIE KUTNER-MERWITZER****D 01/19/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)