

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000048910

1. Entity Name

HOOKUP LURES, INC.

Principal Place of Business

83268 OVERSEAS HIGHWAY
ISLAMORADA FL 33036

Mailing Address

PO BOX 1135
ISLAMORADA FL 33036-1135

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ANGELL CORPORATE SERVICES, INC.
250 ROYAL PALM WAY SUITE 300
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

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

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	BROWN, HENRY T	
STREET ADDRESS	83268 OVERSEAS HIGHWAY	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, LAQUITA J	
STREET ADDRESS	83268 OVERSEAS HIGHWAY	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-8-00

Date

Daytime Phone #

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90037 019 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65 0924774** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

CR2E034 (9/99)



Attachment
103382
#P9900004891C

MAY 8, 2000

2000 UNIFORM BUSINESS REPORT

TO WHOM IT MAT CONCERN.

IN THE MONTH OF FEBRUARY 2000 I SUFFERED AN INJURY TO MY RIGHT SHOULDER FROM A FALL. AFTER MANY SESSIONS WITH THERAPY IT WAS DECIDED THAT SURGERY WAS THE ONLY WAY TO GO.

SURGERY WAS DONE ON APRIL 19, 2000. IT WAS TO BE AN OVERNIGHT STAY AT THE HOSPITAL AND IN THAT SHORT TIME I CONTACTED PNEUMONIA AND HAD TO STAY AN EXTRA WEEK.

DURING THIS TIME MY OBLIGATIONS TO YOU AND OTHERS CAME TO A STANDSTILL. I DID NOT MEAN FOR THIS TO HAPPEN.

PLEASE TAKE THIS INTO CONSIDERATION AND MY PAYMENT OF \$150.00

MY SINCERE THANKS

HENRY T. BROWN

Henry T Brown