## 2000 UNIFORM BUSINESS REPORT (UBR)

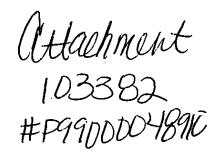
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # P99000048910 May 26, 2000 8:00 am Secretary of State 1. Entity Name HOOKUP LURES, INC. 05-26-2000 90037 019 \*\*\*150.00 Principal Place of Business Mailing Address PO BOX 1135 83268 OVERSEAS HIGHWAY ISLAMORADA FL 33036 ISLAMORADA FL 33036-1135 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANGELL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 250 ROYAL PALM WAY SUITE 300 PALM BEACH FL 33480 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITI F ☐ Delete TITLE BROWN, HENRY T NAME NAME STREET ADDRESS STREET ADDRESS 83268 OVERSEAS HIGHWAY CITY-ST-ZIP CITY-ST-ZIP ISLAMORADA FL 33036 Change ☐ Addition Delete TIT! F TITLE BROWN, LAQUITA J NAME NAME STREET ADDRESS STREET ADDRESS 83268 OVERSEAS HIGHWAY CITY-ST-ZIP CITY-ST-7IP ISLAMORADA FL 33036 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

Daytime Phone #





MAY 8, 2000

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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**