

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073524

1. Entity Name

THE RED ROOF BAIT & TACKLE INC.

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

04-26-2000 90167 016 ***150.00

Principal Place of Business
P.O. BOX 233
INTERLACHEN FL 32148
1405 Hwy 19 S
Palatka, FL
32177

Mailing Address
HCL, Box 1
PALATKA, FL
32177-9401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1405 Hwy 19, South
Suite, Apt. #, etc.

3. Mailing Address
HCL, Box 1
Suite, Apt. #, etc.

City & State
PALATKA, FL

City & State
PALATKA, FL

Zip
32177-9401

Country
USA

Zip
32177-9401

Country
USA

4. FEI Number
59-3591190

Applied For
☐ Not Applicable

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

MOTTOR, PATRICIA A
1405 HWY. 19 S.
PALATKA FL 32177

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTTOR, PATRICIA A		NAME	MOTTOR, PATRICIA A.	
STREET ADDRESS	P.O. BOX 233 N/A		STREET ADDRESS	HCL, BOX 1	
CITY-ST-ZIP	INTERLACHEN FL 32148		CITY-ST-ZIP	PALATKA, FL 32177-9401	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBRIGHT, CARL A		NAME	LAMBRIGHT, CARL A	
STREET ADDRESS	P.O. BOX 233 N/A		STREET ADDRESS	HCL, BOX 1	
CITY-ST-ZIP	INTERLACHEN FL 32148		CITY-ST-ZIP	PALATKA, FL 32177-9401	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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

4/4/00 (904) 325-4111
Date Daytime Phone #

CR2004 (9/99)