

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2000 8:00 am
Secretary of State

01-13-2000 90029 044 ***150.00

DOCUMENT # P99000082690

1. Entity Name
PREDATOR OFFSHORE TACKLE, INC.

Principal Place of Business

1438 MORROW DRIVE
 CLEARWATER FL 33756

Mailing Address

1438 MORROW DRIVE
 CLEARWATER FL 33756-2433

2. Principal Place of Business

8420 ULMERTON RD.

3. Mailing Address

8420 ULMERTON RD

Suite, Apt. #, etc.

402

Suite, Apt. #, etc.

402

City & State

LARGO, FL

City & State

LARGO, FL

4. FEI Number

59-3607726

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARQUARDT, J. MATTHEW ESQ.
625 COURT STREET
SUITE 200
CLEARWATER FL 33756

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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 Delete
 NAME **D MILLER, MICHAEL**
 STREET ADDRESS **1438 MORROW DRIVE**
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
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 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/2000
 Date

727-430-3544
 Daytime Phone #

CR2E(x.4.19/99)