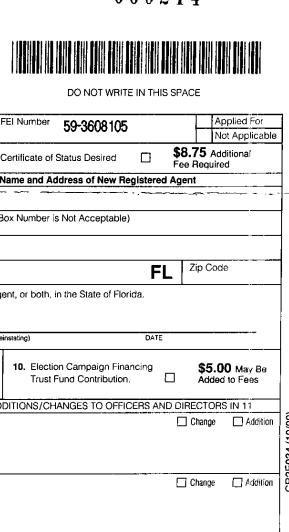
## 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000101974 1. Entity Name CONNERSVILLE BAIT AND TACKLE, INC. Principal Place of Business Mailing Address 3805 HWY 60 E 3805 HWY 60 E BARTOW FL 33830 BARTOW FL 33830

## **FILED** May 23, 2001 8:00 am Secretary of State

05-23-2001 90232 037 \*\*\*550.00

**UUU214** 



2. Principal f	Place of Busin	ness	3. Mailing Address			_		
							A TORITORN 118 TERMO (DVI) GENEL ORIGINA ORIGINA AREA TORIO ATOMICA NOSIN' MARIA MARIA MARIA MARIA MARIA MARIA	
City & State:			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
			City & State		Country		FEI Number 59-3608105 Applied For Not Applicable	
			Zip	Count			Certificate of Status Desired See Required \$8.75 Additional	
	6. Name	and Address of Current Re	egistered Agent			7. 1	Name and Address of New Registered Agent	
BROWDER, CHARLES L 3805 HWY 60 E BARTOW FL 33830					Name Street Address (P.O. Box Number is Not Acceptable)			
					City		FL Zip Code	
8. The above	named entit	y submits this statement for t	he purpose of changing its	egistere	d office or regis	tered ag	pent, or both, in the State of Florida.	
SIGNATURE	Signature, typed	or printed name of registered agent and	i title if applicable. (NOTI	Registered	Agent signature requ	ired when re	einstating) DATE	
Tax filing requirement and elects to do so.  After MAY			After MAY 1, 20	FEE IS \$150.00 1 Fee will be \$550.00 e to Department of State			10. Election Campaign Financing \$5.00 May Be Added to Fees	
11.	<u>.</u>	OFFICERS AND DI	RECTORS	12.	11	AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4425 MEA	R, CHARLES (JOE) L DOWRIDGE DR Y FL 33860	☐ Delete				☐ Change ☐ Addit	
TITLE NAME	D Browder 4425 Mea	I, SHIRLEY A DOWRIDGE DR Y FL 33860	☐ Delete	TITLE NAME STREE			☐ Change ☐ Addit	
NAME STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST-ZIP		. Change Addit	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET	T ADDRESS		☐ Change ☐ Additi	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	r address St-zip		☐ Change ☐ A∃diti	

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: