

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90014 032 ***150.00

0651424 SP

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**

00020320



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. PO BOX 74
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
BARTOW, FL

4. FEI Number Applied For
59-3608105 Not Applicable

Zip Country Zip Country
33831-0074

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

6. Name and Address of Current Registered Agent
BROWDER, CHARLES L
3805 HWY 60 E
BARTOW FL 33830

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	BROWDER, CHARLES (JOE) L
STREET ADDRESS	4425 MEADOWRIDGE DR
CITY-ST-ZIP	MULBERRY FL 33860
TITLE	D <input type="checkbox"/> Delete
NAME	BROWDER, SHIRLEY A
STREET ADDRESS	4425 MEADOWRIDGE DR
CITY-ST-ZIP	MULBERRY FL 33860
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWDER, CHARLES (JOE) L
STREET ADDRESS	110 OLD CONNERSVILLE ROAD
CITY-ST-ZIP	BARTOW, FL. 33830
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWDER, SHIRLEY A
STREET ADDRESS	110 OLD CONNERSVILLE ROAD
CITY-ST-ZIP	BARTOW, FL. 33830
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CFR2E034 (9/01)

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: Shirley A Browder **SHIRLEY A Browder** 1-24-02 863-533-1393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #