

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