

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90343 049 ***150.00

DOCUMENT # P99000109459

1. Entity Name

POSSOM'S TACKLE SUPPLY, INC.

Principal Place of Business

1725 GIB-GALLOWAY ROAD #2
 LAKELAND FL 33810

Mailing Address

1725 GIB-GALLOWAY ROAD #2
 LAKELAND FL 33810

00044852

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2210 West Socrum Loop Rd.

Suite, Apt. #, etc.

2210 West Socrum Loop Rd.

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33810

Country

USA

Zip

33810

Country

USA

4. FEI Number

59-3428791

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PROPST, MICHAEL
 1725 GIB-GALLOWAY ROAD #2
 LAKELAND FL 33810

7. Name and Address of New Registered Agent

Name

PROPST, Michael

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

2210 West Socrum Loop Rd.

City

Lakeland

Zip Code

33810

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 translating)

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, 2001 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	PS	<input type="checkbox"/> Delete
NAME	PROPST, MICHAEL	
STREET ADDRESS	1725 GIB-GALLOWAY ROAD #2	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	VT	<input type="checkbox"/> Delete
NAME	PROPST, SHERRY L	
STREET ADDRESS	1725 GIB-GALLOWAY ROAD #2	
CITY-ST-ZIP	LAKELAND FL 33810	
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	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROPST, Michael	
STREET ADDRESS	2210 West Socrum Loop Rd	
CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROPST, Sherry	
STREET ADDRESS	2210 West Socrum Loop Rd	
CITY-ST-ZIP	Lakeland, FL 33810	
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		

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

Michael J. Propst

4/23/2001

(863) 815-7004

CR2E034 (10/00)