2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am DOCUMENT # S06072 **Secretary of State** 1. Entity Name 02-20-2002 90146 001 ***150.00 PASS-A-GRILLE BAIT & TACKLE CO. Principal Place of Business Mailing Address 801 PASS-A-GRILLE WAY 111-12TH AVENUE 739490 ST.PETERSBURG BEACH FL 33706 ST. PETE BEACH FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3034740 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ERCIUS, WALTER R. Street Address (P.O. Box Number is Not Acceptable) 111 12TH AVE ST PETERSBURG BCH, FL 33706-4205 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE ERCIUS, WALTER R. NAME STREET ADDRESS 111 12TH AVENUE STREET ADDRESS CITY-ST-ZIP ST.PETERSBURG BCH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition VD NAME TURNER, CHRIS NAME STREET ADDRESS STREET ADDRESS 111 12TH AVENUE CITY-ST-ZIP ST.PETERSBURG BCH FL CITY-ST-ZIP Delete TITLE [Change _____Addition NAME NAME TURNER, GENE STREET ADDRESS STREET ADDRESS 111 12TH AVENUE CITY-ST-ZIP CITY-ST-ZIP ST.PETERSBURG BCH FL ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachi

SIGNATURE:

FILED