

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 17, 2001 8:00 am**  
**Secretary of State**

09-17-2001 90140 032 \*\*\*550.00

**DOCUMENT # P00000024547**

1. Entity Name  
**TANNER TACKLE, INC.**

Principal Place of Business  
 18840 HWY. 19 NORTH. STE. 422  
 CLEARWATER FL 33764

Mailing Address  
 18840 HWY. 19 NORTH. STE. 422  
 CLEARWATER FL 33764



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**700 NW 57TH PLACE**  
 Suite, Apt. #, etc.  
**SUITE 8**

3. Mailing Address  
**700 NW 57TH PLACE**  
 Suite, Apt. #, etc.  
**SUITE 8**

City & State  
**FT. LAUDERDALE FL**  
 Zip  
**33309**

City & State  
**FT. LAUDERDALE FL**  
 Zip  
**33309**

4. FEI Number  Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HALIGMAN, RONALD**  
**C/O KIRKPATRICK & LOCKHART LLP**  
**201 S. BISCAYNE BLVD., 20TH FLOOR**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name **PATTEN THOMAS F.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**700 N.W. 57TH PLACE**  
**SUITE 8**  
 City **FT. LAUDERDALE** **FL** Zip Code **33309**

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 *Thomas F. Patten* **THOMAS F. PATTEN** **9-12-01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>PD</b> <del>RAENPOUR, DAVID A.</del> <del>3024 ASHLAND TERR</del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>PD</b> <b>RAENPOUR, DAVID A</b> <b>3024 ASHLAND TERR</b> <b>CLEARWATER, FL 33761</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>SD</b> <b>HARRIS, MICHAEL L.</b> <b>10717 TAUSTOCK PR</b> <b>TAMPA FL 33626</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>D</b> <b>MURDOCK, MIKE</b> <b>19630 GULF SHORES BLVD S</b> <b>INDIAN SHORES, FL 33785</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TD</b> <b>PATTEN, THOMAS F</b> <b>1630 N. OCEAN BLVD #914</b> <b>POMPAHO BEACH FL 33062</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Thomas F. Patten* **THOMAS F. PATTEN** **9-12-01 (954) 776-6773**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)