

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90032 035 \*\*\*150.00

1553540  
 48

**DOCUMENT #** P00000024547  
**1. Entity Name**  
**TANNER TACKLE, INC.**

**Principal Place of Business**      **Mailing Address**  
 700N.W. 57TH PLACE      700N.W. 57TH PLACE  
 SUITE 8      SUITE 8  
 FORT LAUDERDALE FL 33309      FORT LAUDERDALE FL 33309



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**  
 701 N.W. 57TH PLACE      701 N.W. 57TH PLACE  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

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

**4. FEI Number** 65-0344988      **Applied For**  
 APPLIED FOR       Not Applicable  
**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 PATTEN, THOMAS F  
 700 N.W. 57TH PLACE  
 SUITE 8  
 FORT LAUDERDALE FL 33309

**7. Name and Address of New Registered Agent**  
**Name**  
 Street Address (P.O. Box Number is Not Acceptable)  
 701 N.W. 57TH PLACE  
**City**      **State**      **Zip Code**  
 FT. LAUDERDALE      FL      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** \_\_\_\_\_ (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, 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**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> RAENPOUR, DAVID A 3024 ASHLAND TERR CLEARWATER FL 33761	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> HARRIS, MICHAEL L 10717 TAUISTOCK PR. TAMPA FL 33626	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MURDOCK, MIKE 19630 GULF SHORE BLVD, #5 INDIAN ROCKS BEACH FL 33785	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> PATTEN, THOMAS F 1630 N. OCEAN BLVD., #914 POMPANO BEACH FL 33062	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> RULTEN, DAVID 301 NE 23RD AVE FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> TANNER, RICHARD 2891 NE 33 CT FT. LAUDERDALE FL 33301	<input type="checkbox"/> Change <input checked="" 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)      4-22-02      (954) 774-6773  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)