


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90071 026 ***150.00

DOCUMENT # 302225	
1. Entity Name TARPON TOOL CORPORATION	

Principal Place of Business 2038 US HWY 19 HOLIDAY FL 34691	Mailing Address 2038 US HWY 19 PO BOX 3039 HOLIDAY FL 34690
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2. Principal Place of Business 2623 GRAND BLVD	3. Mailing Address P.O. BOX 3039
Suite, Apt. #, etc. UNIT 115	Suite, Apt. #, etc.

City & State HOLIDAY, FL 34690	City & State HOLIDAY, FL
Zip 34690	Country USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1113708	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ZISA, DONALD F. 2038 US HWY 19 HOLIDAY FL 34691	
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7. Name and Address of New Registered Agent Name: ZISA, DONALD F. Street Address (P.O. Box Number is Not Acceptable): 2623 GRAND BLVD. UNIT 115 City: HOLIDAY FL Zip Code: 34690	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Donald F. Zisa **DONALD F. ZISA** 4/8/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZISA, DONALD F. 5934 LANTERN CT NEW PORT RICHEY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZISA, DEBRA L 5934 LANTERN CT NEW PORT RICHEY FL <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Debra L. Zisa **DEBRA L. ZISA** 4/8/03 727-937-4850
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)