## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

414969

1. Entity Name

TACKLE SHACK INC



**FILED** Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90073 015 \*\*\*150.00

Principal Place of Business 7801 66TH STREET. NORTH PINELLAS PARK FL 33781 US			7801	Mailing Address 7801 66TH STREET. NORTH PINELLAS PARK FL 33781 US			;	90004386			
2. Principal	Place of Busin	ess	<b>3</b> . Mai	iling Address					TION BIEN BIEN BIEN	CION BIBN 1001	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. 1	FEI Number 59-1428125 Applied For			
Zip		Country	Zíp		Counti	гу	5. (	Certificate of Status Desired	\$9.75	ot Applicable	
	6. Name	and Address of Curren	Registere	ed Agent	<u> </u>	• • • • • • • • • • • • • • • • • • • •	7. 1	Name and Address of New Registe	,	<del></del>	
			-			Name					
LEVINE, LOUIS H				Street Address			ss (PO R	(P.O. Box Number is Not Acceptable)			
2700 - 66 WAY N					Į.	- Olloot / ladio		ox Humber is Not Acceptable)			
SAINT P	ETERSBURG	FL 33710									
					-	City	<del></del>		FL Zip Coo	le	
8. The above	e named entity	submits this statement for	or the purp	ose of changing its	reaisterea	d office or regi	stered and	ent, or both, in the State of Florida.	1	and accept	
the obliga	ations of registe	ered agent.	( )	or trainging in		a emoc or rog.	oloroo agi	shi, or both, in the state of Florida.	rancianinai wiin.	and accept	
SIGNATURE											
	Signature, typed o	or printed name of registered agent	and title if app	licable. (NOTE	E: Registered	Agent signature req	uired when re	instating)	ATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of SI			f State	tate				Election Campaign Financing     Trust Fund Contribution.		0 May Be	
10.		OFFICERS AND	DIRECTO	RS	11.	, <u>m</u>	ADI	DITIONS/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR