FILED
Feb 17, 2003 8:00 am
Secretary of State

01-28-2003 90047 041 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000010125

1. Entity Name

TACKLE BOX L.L.C.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
3436 SHOAL LINE BLVD		3436 SHOAL LINE BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: HERNANDO BEACH FL		City & State: HERNANDO BEACH FL	
Zip: 34607	Country: U.S.A.	Zip: 34607	Country: U.S.A.

4. FEI Number 73-1649473 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: GARY DE LISLE

Street Address (P.O. Box Number is Not Acceptable): 3436 SHOAL LINE BLVD.

City: HERNANDO BEACH FL Zip Code: 34607

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 ______________________
Signature, typed or printed name of registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	TITLE	
NAME	GARY R. DELISLE	NAME	
STREET ADDRESS	3436 SHOAL LINE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	HERNANDO BEACH, FL 34607	CITY-ST-ZIP	
TITLE	VICE-PRESIDENT	TITLE	
NAME	DALE G. DELISLE	NAME	
STREET ADDRESS	9741 LAKE CHRISE LANE	STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY, FL 34668	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Gary R. DeLisle GARY R. DELISLE 01-15-03 352-592-8687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #