

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

2. Principal Place of Business

700 N.W. 57TH PLACE

Suite, Apt. #, etc.

SUITE 8

City & State

FT. LAUDERDALE FL

Zip

Country

33309

3. Mailing Address

700 N.W. 57TH PLACE

Suite, Apt. #, etc.

SUITE 8

City & State

FT. LAUDERDALE FL

Zip

Country

33309



DO NOT WRITE IN THIS SPACE

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

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 **PD** ☐ Delete
 NAME **RAENPOUR, DAVID A.**
 STREET ADDRESS **3024 ASHLAND TERR**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition
 NAME **RAENPOUR, DAVID A.**
 STREET ADDRESS **3024 ASHLAND TERR**
 CITY-ST-ZIP **CLEARWATER, FL 33761**

TITLE **SD** ☐ Change ☒ Addition
 NAME **HARRIS, MICHAEL L.**
 STREET ADDRESS **10717 TAUSTOCK PR**
 CITY-ST-ZIP **TAMPA FL 33626**

TITLE **D** ☐ Change ☒ Addition
 NAME **MURDOCK, MIKE**
 STREET ADDRESS **19630 GULF SHORES BLVD #5**
 CITY-ST-ZIP **INDIAN SHORES, FL 33785**

TITLE **TD** ☐ Change ☒ Addition
 NAME **PATTEN, THOMAS F.**
 STREET ADDRESS **1630 N. OCEAN BLVD #914**
 CITY-ST-ZIP **POMPAHO BEACH FL 33062**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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** **9-12-01 (954) 776-6773**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)