

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034076

1. Entity Name  
TIGHTLINES TACKLE, INC.

Principal Place of Business

3113 BAY VILLA AVENUE  
TAMPA FL 33611

Mailing Address

3113 BAY VILLA AVENUE  
TAMPA FL 33611

2. Principal Place of Business

6924 N. ARMENIA AVE

Suite, Apt. #, etc.

City & State

Tampa, FLA

Zip

33604

Country

U.S.

3. Mailing Address

3113 Bay Villa Ave

Suite, Apt. #, etc.

City & State

Tampa, FLA

Zip

33611

Country

U.S.

4. FEI Number

59-3637377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LOWE, FREDERICK T ESQ  
FREDERICK T. LOWE, ESQ., P.A.  
3825 HENDERSON BLVD  
TAMPA FL 33629

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME D  
STREET ADDRESS TICE, VANCE  
CITY-ST-ZIP 3113 BAY VILLA AVENUE  
TAMPA FL 33611

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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:

*Vance Tice*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

813-932-4741

Daytime Phone #

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90162 027 \*\*\*150.00

00047449



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)