

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

DOCUMENT# P01000101100

**TARPON TACKLE, INC.**

**Mailing Address**

825 S W RUSTIC CIRCLE  
STUART FL 34997

### 3. Mailing Address

200 Sunny Isles Blvd

Suite, Apt. #, etc.

City &amp; State

Sunny Isles Beach, FL

**Applied For**

Not Applicable
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Country

—

Country

~~Country~~ **USA**

**\$8.75 Additional  
Fee Required**

**7. Name and Address of New Registered Agent**

## Näin

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

825 SW Rustic Circle

City

Stuart

FL

Zip Code  
34997

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.

CARL A. HODENES

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, 2002 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
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

MEMBERS/SERVICES TO OFFICERS AND DIRECTORS IN FY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP President Sharon Hoenes 825 SW Rustic Circle Stuart, FL 34997 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Secretary/Treasurer Carl Hoenes 825 SW Rustic Circle Stuart, FL 34997 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Doc:

Daytime Phone # \_\_\_\_\_