

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90465 017 ***158.75

DOCUMENT # **P02000048177**



1. Entity Name
P & B MASTERS' BAIT & TACKLE, INC.

Principal Place of Business
**1703 COPPERTREE DR.
TARPON SPRINGS FL 34689**

Mailing Address
**1703 COPPERTREE DR.
TARPON SPRINGS FL 34689**



2. Principal Place of Business
1810 S. Pinellas

3. Mailing Address
1703 Coppertree Dr

Suite, Apt. #, etc.
Suite L

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Tarpon Springs, FL

City & State
Tarpon Springs, FL

4. FEI Number
46 0479908

Applied For
 Not Applicable

Zip Country
34689 USA

Zip Country
34689 USA

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

**GERMINO, MICHAEL
921 EAST KLOSTERMAN ROAD
TARPON SPRINGS FL 34689**

Name
William Q. Masters Jr.

Street Address (P.O. Box Number is Not Acceptable)
1703 Coppertree Drive

City **Tarpon Springs** **FL** Zip Code **34689**

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 *William Q. Masters Jr.*

(NOTE: Registered Agent signature required when reinstating)

DATE **4/17/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MASTERS, PHILENE	
STREET ADDRESS	1703 COPPERTREE DR.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MASTERS, BILL	
STREET ADDRESS	1703 COPPERTREE DR.	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Phylene Masters*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/17/03** DAYTIME PHONE # **727-945-7191**

CR2E034 (10/02)