

# 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  Delete  
NAME **PD MASTERS, PHILENE**  
STREET ADDRESS **1703 COPPERTREE DR.**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **VD MASTERS, BILL**  
STREET ADDRESS **1703 COPPERTREE DR.**  
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

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

TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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)