

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

0458623 AV

05-05-2003 91902 039 \*\*\*150.00

**DOCUMENT # P02000081149**

1. Entity Name  
**QUALITY TACKLE & SUPPLY, INC.**



Principal Place of Business  
**1207 WOOD COURT  
PLANT CITY, FL 33567**

Mailing Address  
**1207 WOOD COURT  
PLANT CITY, FL 33567**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**55-0788733**

Applied For

Not Applicable

Zip

Country

**US**

Zip

Country

**US**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MORRISON, THOMAS K  
1200 W PLATT STREET STE 100  
TAMPA FL 33606**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 **PSD TELESE, MARK T**  
STREET ADDRESS **3805 S WESTSHORE BLVD STE D**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **TD SPIVEY, AIMEE T**  
STREET ADDRESS **3805 S WESTSHORE BLVD STE D**  
CITY-ST-ZIP **TAMPA FL 33611**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **D/V TELESE, ANTHONY G**  
STREET ADDRESS **1207 WOOD COURT**  
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE  Change  Addition  
NAME **D/V TELESE, ANTHONY G**  
STREET ADDRESS **1207 WOOD CT.**  
CITY-ST-ZIP **PLANT CITY, FL 33567**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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 information.

SIGNATURE **ANTHONY G TELESE** 4-2003 813-623-2047  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/02)