

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

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90095 028 \*\*\*158.75

DOCUMENT # P94000007393

1. Entity Name  
**TAMPA PRO BASS, INC.**  
**1213 COLUMBIA AVE**  
**PALM HARBOR, FL 34683**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1213 COLUMBIA AVE**

Suite, Apt. #, etc.

3. Mailing Address  
**1213 COLUMBIA AVE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**PALM HARBOR, FL**

City & State  
**PALM HARBOR, FL**

4. FEI Number  
**59-3224898**

Applied For  
Not Applicable

Zip  
**34683**

Country  
**USA**

Zip  
**34683**

Country  
**USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**WENDY TAYLOR**

Street Address (P.O. Box Number is Not Acceptable)  
**1213 COLUMBIA AVE**

City  
**PALM HARBOR** **FL** Zip Code  
**34683**

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 Wendy Taylor WENDY TAYLOR SECRETARY

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

4/29/02

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.  
(See criteria on back) ☒

**January 1 - May 1 Fee is \$150.00**  
**After May 1 Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P**  
**JOHN TAYLOR**  
**1213 COLUMBIA AVE**  
**PALM HARBOR, FL 34683**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S**  
**WENDY TAYLOR**  
**1213 COLUMBIA AVE**  
**PALM HARBOR, FL 34683**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Wendy Taylor WENDY TAYLOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02  
Date

777-403-6861  
Daytime Phone #

CR2E034B (12/01)