


UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91893 002 ***150.00

DOCUMENT # P94000022539	
1. Entity Name BIG FISH TACKLE	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 123 2nd Avenue S.	3. Mailing Address P.O. Box 1656
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Safety Harbor, FL	City & State Safety Harbor, FL	4. FEI Number 59-3742178	Applied For <input type="checkbox"/> Not Applicable
Zip 34695	Country USA	Zip 34695	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name TAMMY CONRAD	
Street Address (P.O. Box Number is Not Acceptable) 807 N Bayshore Dr.	
City Safety Harbor	FL Zip Code 34695

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 **Tammy Conrad**

4/30/03

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TAMMY CONRAD (CEO) 807 N Bayshore Dr. Safety Harbor, FL 34695	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres. Wayne CONRAD 807 N Bayshore Dr. Safety Harbor, FL 34695	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Sls & Mktg. Todd Perry 226 Hillsborough St. Safety Harbor, FL 34695	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Tammy Conrad**

4/30/03 727-726-0024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #