

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 26, 2000 8:00 am**
Secretary of State

01-26-2000 90019 030 ****61.25

DOCUMENT # 728869

1. Entity Name

TAHITIAN TOWERS, INC.

Principal Place of Business

Mailing Address

%MANAGER
19450 GULF BOULEVARD APT #101
INDIAN SHORES FL 346357850 ULMERTON RD
STE 1
LARGO FL 33771-4015
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1985898Applied For
Not Applicable

Zip

Country

Zip

Country

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**CLAUSEN, MARLENE
19450 GULF BLVD 205
INDIAN SHORE FL 34635

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.

SIGNATURE

Marlene Clausen *Marlene Clausen President* *1/18/00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) *Board* DATE**FILE NOW:**
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP. *FABI, FRED* ☒ Delete
19460 GULF BLVD 505
INDIAN SHORES FL 33785TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD *RANDY KIZER* ☐ Change ☒ Add
2312 LONG GREEN CT.
VALRICO, FL 33594TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD *SMITH, BETTY* ☒ Delete
1020 GULF BLVD
INDIAN SHORES FL 33786TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD *GEORGIA TMAIL* ☐ Change ☒ Add
6000 WHITEHORNE DR.
EVANSVILLE, IN. 47710TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD *MUNYAN, JACK* ☐ Delete
19450 GULF BLVD #802
INDIAN SHORES FL 33785TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D *ELMHURST, WILLIAM* ☒ Delete
2424 KENT PLACE S
CLEARWATER FL 33516TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D *CLAUSEN, MARLENE* ☐ Delete
19450 GULF BLVD #205
INDIAN SHORES FL 33516TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD ☒ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

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 617, 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:

Marlene Clausen *Marlene Clausen* *1/18/00* *(727) 596-811*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #