## **2003 FOR PROFIT CORPORATION**

UNIFORM BUSINESS REPORT (UBR)									
DOCUMENT # P0000004818  1. Entity Name  TARCET (OTE COM INC.)						FILE	Ü		Ą
TARGETVOTE.COM, INC.					03 HAR 17 AN 10: 41				
Principal Place of Business P.O. BOX 1655 TALLAHASSEE FL 32302-1655		Mailing Address P.O. BOX 1655 TALLAHASSEE FL 32302-1655			TALLATIAS (C.F.STA) E				
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			50-3690824		plied For t Applicable	}	
Zip	Country	Zip	Count	ry	5. Certificate of Status Desire	Fee	<b>75</b> Add Required		
6. Name and Address of Current Registered Agent				Name	7. Name and Address of Ne	w Registered Ager	it		-
POLLOCK, DANIEL				Name					
	, DAMIEL NTERS RIDGE DR.	Street Addre			(P.O. Box Number is Not Acceptable)				
<del>-</del>	SSEE FL 32311			·					1
IALLAHA	DOCE PL 92311			City		FL	Zip Code	<del></del>	1
9. The above	named entity submits this statement for	the purpose of changing its		d office or register	ad spent, or both in the State of		ios with 1	and necest	1
	ions of registered agent.	the purpose of changing its	egistere	d diffice or register	ed agent, or both, in the state of	Tionua. Tam famil	.ar willi, a	and accept	}
0.00.4474.77				,					]
SIGNATURE .	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE	Registered	Agent signature required	when reinstating)	DATE			
F	ILE NOW!!! FEE IS \$150.00								1
After	May 1, 2003 Fee will be \$550.00				<ol> <li>Election Campaigr</li> <li>Trust Fund Contrib</li> </ol>			May Be to Fees	ĺ
	Payable to Florida Department of								ļ
10.	OFFICERS AND D		11.	<del></del>	ADDITIONS/CHANGES TO (				1 🔊
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POLLOCK, DANIEL W 4898 PLANTERS RIDGE DR TALLAHASSEE FL 32311	98 PLANTERS RIDGE DR		ET ADDRESS ST-ZIP	000014 03/24/030100	_	Change [] [50.0(	☐ Addition	CR2E034 (10/02)
TITLE NAME STREET ADDRESS	Delete DSTER, RUSSELL 1750 NW 99TH AVE			T ADDRESS			Change	☐ Addition	CR2
CITY-ST-ZIP TITLE	PLANTATION FL 33322 D	X Delete	TITLE	ST-ZIP			Change	☐ Addition	$\left\{ \right.$
NAME STREET ADDRESS CITY-ST-ZIP	KAPLAN, MICHAEL 4126 INVERRARY BLVD. #2318 LAUDERHILL FL 33319	~		T ADDRESS ST-ZIP					
TITLE NAME	D BERTSCH, JERRY W JR. PO BOX 1259	☐ Delete	TITLE			D	Change	☐ Addition	
CITY-ST-ZIP	TALLAHASSEE FL 32302		CITY-	ST-ZIP					
TITLE NAME	<del>-</del>	☐ Delete	TITLE				Change	Addition	
STREET ADDRESS				T ADDRESS					-
CITY-ST-ZIP			_	ST-ZIP	•				
TITLE		☐ Delete	TITLE				Change	☐ Addition	1
STREET ADDRESS		18		T ADDRESS					
12. I hereby certify that the information supplied with this filing does not qualify for the				ST-ZIP	ction 119 07(3)(i) Florida Statut	oo I further portifical	at the in	formation	-
The inclosed C	servitarian mormanon sopplied with	and ming does not quality tot	nie eveli	ilbrion araren ili 96	onor i rator jajviji, radinda otalidi	SS. Fluidiel Certify II	ior nie iii	POTTRACION	1

Inereby certify that the information supplied with this filling does not quality 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.

GNATURE:

| Signature and typed on Pringed Name of Signing Officer on Director
| Date | Daylime Phone #

SIGNATURE: