

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90477 031 ***150.00

DOCUMENT # P97000006073

1. Entity Name
TAC ASSOCIATES, INC.

Principal Place of Business Mailing Address
 1291 LAUREL COURT 1291 LAUREL COURT
 MARCO ISLAND FL 34145 MARCO ISLAND FL 34145

2. Principal Place of Business 3. Mailing Address
ABOVE *ABOVE*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3428709** Applied For
 (Not Applicable)

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

6. Name and Address of Current Registered Agent
TUCKER, E. GLENN
850 NORTH COLLIER BLVD
SUN BANK CENTRE, STE 204
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent
 Name *NO CHANGE*
 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 *NO CHANGE* DATE

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$350.00
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	<input type="checkbox"/> Delete
CP	COOPER, THOMAS A	1291 LAUREL COURT	MARCO ISLAND FL 34145	<i>SAME</i>
ST	COOPER, AJUNE	1291 LAUREL COURT	MARCO ISLAND FL 34145	<i>SAME</i>
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					<i>X</i>
					<i>X</i>
					<i>X</i>
					<i>X</i>
					<i>X</i>

13. 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *[Signature]* Date *1/09/01* Phone # *941-642-1047*

CR2EG04 (10/00)