1. Entity Nam	MENT # P94000 C od r. taubler, Inc.	28384			Jan Se	FII 29, 20 cretar	LED 000 8 y of S	:00 Stat	am e
Principal Place of Business		Mailing Address				-29-2000 900	•		
4336 47TH ST SARASOTA FL 34235 US		4336 47TH ST SARASOTA FL 34235-4408 US							
2. Principal Place of Business SARASOTA, FL:		3. Mailing Address		ľ					
Suite, Apt. #, etc. 43 36 47 54 .		Suite, Apt. #, etc.		<u> </u>		DO NOT WRITE	E IN THIS SP	ACE	
City & Stat	ie .	City & State		4.	FEI Number	11-2146291		Ar	oplied For
SARASOTA FL.		Zip Country							ot Applicabl
34235 11.5.			Country		Certificate of S	Status Desired		B.75 Add e Require	
	6. Name and Address of Current F	legistered Agent	Name	7. 1	Name and Ad	dress of New Re	gistered Ag	ent	
TAUBLER, RICHARD R 4336 47TH ST SARASOTA FL 34235			Street Ad	ldress (P.O. B	ox Number is	Not Acceptable)		<u> </u>	
			City				FL	Zip Cod	е
Tax filing r	Signature, typed or printed name of registered agent are contained is eligible to satisfy its Intangible requirement and elects to do so, ria on back)	FILE NOW!	E: Registered Agent signatur III FEE IS \$150.0 100 Fee will be \$50 to Department	0 50.00	10. Election	on Campaign Fina		\$5.0	0 May Be
11.	OFFICERS AND D		12.	AC	DITIONS/CH	ANGES TO OFFIC			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAUBLER, RICHARD R 4336 47TH ST SARASOTA FL 34235	· 🔲 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	٠			Ĺ	_ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Γ	□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	and the second				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			·] Change	☐ Addition
indicated of the cor	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empoy or on an attachment with an address, wi	rue and accurate and that maked the control of the	ny signature shall ha as required by Chap	ua tha cama l	ac thatta lene	if made under ea	the that I am	an officer	or director

1-26-00

Date

941-355-1863 Daytime Phone #

ALCHARD A TABLES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _