

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90972 002 ***150.00

DOCUMENT # P99000111034

1. Entity Name
TASCORP, INC.



Principal Place of Business
**1740 KING GEORGE DR.
KISSIMMEE FL 34744**

Mailing Address
**717 EAST OAK STREET
KISSIMMEE FL 34744**

70023999



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
1671 Marina Lake Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL 34744

City & State

4. FEI Number

59-3614497

Applied For

Not Applicable

Zip

Country

34744

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BAUMRUK, ANDREW J CPA
717 E. OAK ST.
KISSIMMEE FL 34744**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PSD**
NAME: **SEGRAVES, TERRY A**
STREET ADDRESS: **1740 KING GEORGE DR.**
CITY-ST-ZIP: **KISSIMMEE FL 34744**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**1671 Marina Lake Drive
Kissimmee, FL 34744**

☒ Change ☐ Addition

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/2003

407-846-7993

Date

Daytime Phone #

CR2E034 (10/02)