2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am DOCUMENT # 295224 **Secretary of State** 1. Entity Name 02-11-2002 90042 002 ***150.00 TAFT PROPERTIES, INC. Mailing Address Principal Place of Business 1512 GRANVILLE DRIVE 1512 GRANVILLE DRIVE HUUZZIDU WINTER PARK FL 32789 WINTER PARK FL 32789 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1140750 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>Jeanne B, </u> Cosner COSNER JR.CARL Street Address (P.O. Box Number is Not Acceptable) 1512 Granville Drive 1512 GRANVILLE DRIVE WINTER PARK FL 32789 Zip Code 32789 City Winter Park, 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 COSHET, appropries/Sec Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition X Delete TITLE TITLE NAME NAME COSNER JR, CARL STREET ADDRESS STREET ADDRESS 1512 GRANVILLE DR. CITY-ST-7IP CITY-ST-ZIP winter Park Fl ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME COSNER, JR., CARL STREET ADDRESS STREET ADDRESS 1512 GRANVILLE DR. CITY-ST-ZIP CITY-ST-ZIP_ = WINTER PARK FL X Change ☐ Addition ☐ Delete TITLE President/Secretary NAME NAME COSNER, JEANNE B. STREET ADDRESS STREET ADDRESS 1512 GRANVILLE DR. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNY ZUBE AND EXPEDIGE PRINTED NAME OF PIGNING DEFECTS OF DIRECTOR.

1/31/02

407-539-<u>126</u>

Daytime Phone i

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