FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 408102

1. Entity Name

Mr. Tall + Big

90066228

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3218 A E Colonial Dr.	P.O. Box 541795
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Orlando, Fl.	Merritt Island, Fl.

Zip	Country	Zip	Country
32803		32954	

4. FEI Number 59-1445405   — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name Nancy Sharp

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

1755 W. New Haven Ave

City W. Melb.   **FL**   Zip Code 32904

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PD
NAME	Bruce Sharp
STREET ADDRESS	1755 W. New Haven Ave
CITY-ST-ZIP	W. Melb., Fl 32904

TITLE	OVP
NAME	Nancy Sharp
STREET ADDRESS	1755 W. New Haven Ave
CITY-ST-ZIP	W. Melb., Fl 32904

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Nancy Sharp   Nancy Sharp   3-19-03   321-724-8160
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #