

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 568516

1. Entity Name

TASK MANAGEMENT CO., INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90709 012 \*\*\*150.00

Principal Place of Business

Mailing Address

1223 SALERNO COURT  
 ORLANDO FL 32806

1223 SALERNO COURT  
 ORLANDO FL 32806-5565

2. Principal Place of Business

3. Mailing Address

1223 SALERNO CRT, 1223 SALERNO CRT  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORLANDO, FLA.

City & State

ORLANDO, FLA

4. FEI Number

59-1894041

Applied For

Not Applicable

Zip

32804

Country

USA

Zip

32804

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRUNOW, BONNIE L.  
 1223 SALERNO CRT.  
 ORLANDO FL 32806

Name

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

*Bonnie L. Grunow*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME P GRUNOW, BONNIE L.  
 STREET ADDRESS 1223 SALERNO CRT.  
 CITY-ST-ZIP ORLANDO FL

TITLE  Change  Addition  
 NAME FAYE GRUNOW GIBSON  
 STREET ADDRESS 3989 MIDDLE FIELD RD  
 CITY-ST-ZIP PALO ALTO, CALIF. 94303

TITLE  Delete  
 NAME V GRUNOW, ROGER B.  
 STREET ADDRESS 3580 PINE RIDGE 1200 W, CROOKED LK, PL  
 CITY-ST-ZIP ORLANDO FL EUSTS, FL. 32721

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME T GRUNOW, MARK G.  
 STREET ADDRESS 1000 LAKE OF THE WOODS  
 CITY-ST-ZIP FERN PARK FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME S GRUNOW, CANDICE K.  
 STREET ADDRESS 3161 OVERDALE ST.  
 CITY-ST-ZIP DELTONA FL

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME FAYE GRUNOW GIBSON  
 STREET ADDRESS 3989 MIDDLE FIELD RD  
 CITY-ST-ZIP PALO ALTO, CALIF. 94303

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 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:

*Bonnie L. Grunow*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*President*

Date

4-28-2000 (407)423-1954

Daytime Phone #

CR2E034 (9/99)