

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90756 047 ***150.00

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DOCUMENT # F01000002182

1. Entity Name
TAUER CONSULTING COMPANY, INC.



Principal Place of Business
**717 N. HARWOOD. #1200
DALLAS TX 75201**

Mailing Address
**717 N. HARWOOD. #1200
DALLAS TX 75201**



2. Principal Place of Business

2001 Bryan St.

Suite, Apt. #, etc.
STE. 3700

City & State
Dallas, TX

Zip
75201

Country

US.

3. Mailing Address

6400 CONGRESS AVE

Suite, Apt. #, etc.

STE 2100

City & State
BOCA RATON, FL

Zip
33487

Country

US

Country

US

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1144249**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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. 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

TITLE **D** ☐ Delete
NAME **CROW, HARLAN R**
STREET ADDRESS **2100 MCKINNEY AVENUE, SUITE 700**
CITY-ST-ZIP **DALLAS TX 75201**

TITLE **DV** ☐ Delete
NAME **TERWILLIGER, J. RONALD**
STREET ADDRESS **2859 PACES FERRY ROAD, SUITE 1100**
CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **DV** ☒ Delete
NAME **KOLAR, ALAN E**
STREET ADDRESS **2859 PACES FERRY ROAD, SUITE 1100**
CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **P** ☐ Delete
NAME **POSTHAUER, MARTIN A**
STREET ADDRESS **2859 PACES FERRY ROAD, SUITE 1100**
CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **V** ☐ Delete
NAME **CLEMENTS, DAVE R**
STREET ADDRESS **2859 PACES FERRY ROAD, SUITE 1100**
CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **V** ☐ Delete
NAME **MCGWIER, J. MICHAEL**
STREET ADDRESS **2859 PACES FERRY ROAD, SUITE 1100**
CITY-ST-ZIP **ATLANTA GA 30339**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AS** ☐ Change ☒ Addition
NAME **Shari Steinhardt**
STREET ADDRESS **6400 Congress Ave. Ste 2100**
CITY-ST-ZIP **Boca Raton, FL 33487**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Shari Steinhardt 3-28-03 561-998-4451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)