2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2000 8:00 am Secretary of State **DOCUMENT # F36796** TANCO CONSTR. CO., INC. 03-22-2000 90054 039 ***150.00 Principal Place of Business Mailing Address **6749 ROYAL PALM BEACH BLVD** 6749 ROYAL PALM BEACH BLVD WEST PALM BEACH FL 33412 WEST PALM BEACH FL 33412-1813 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2101396 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LEVY, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 1655 PALM BEACH LAKES BLVD WEST PALM BEACH FL 33401 City Zip Code Fl 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, 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DP Addition TITLE □ Delete TITLE ☐ Change BARBARA TANEN NAME tanen, harry NAME 861 LAKESIde Dr STREET ADDRESS 14766 RANCHWOOD CT STREET ADDRESS N. Pala Beach. Fl 33408 CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP ☐ Addition NTLE Delete TITLE TANEN, ELYSE NAME 1369's Callington Dr. STREET ADDRESS 14766 RANCHWOOD CT STREET ADDRESS Wellington, Fl. 33414 CITY-ST-ZIE CITY-ST-ZIP WEST PALM BEACH FL TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR