## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

## F88890 **DOCUMENT #**

1. Entity Name

TANIT CORPORATION

Principal Place of Business



**FILED** Mar 13, 2003 8:00 am Secretary of State

03-13-2003 90054 021 \*\*\*150.00

205 ORLANDO INDIALANTIC		205 ORLANDO BLVD INDIALANTIC FL 32903			I 2000/200 (2010/2014) John (1907)	
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State		City & State			4. FEI Number 59-2214097 Applied For Not Applied	$\overline{}$
Zip	Country	Country Zip Co		try	5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered Agent	$\neg$
MITCHELL, BRUCE A, ESQ 1825 SO RIVERVIEW DRIVE				Name Street Addres	fress (P.O. Box Number is Not Acceptable)	
MELBOURNE FL 32901						
				City	Zip Code	
8. The above the obligat	ions of registered agent.		registere	ed office or regis	egistered agent, or both, in the State of Florida. I am familiar with, and acce	pt
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered	Agent signature requ	required when reinstating) DATE	Ì
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Fiorida Department of				9. Election Campaign Financing \$5.00 May Barrust Fund Contribution. Added to Fees	e
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	$\dashv$
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MARX, JENNIFER G. 205 ORLANDO BLVD INDIALANTIC FL	☐ Delete			☐ Change ☐ Addit	ion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Marx, Robert F 205 Orlando BlVD Indialantic Fl	☐ Delete			☐ Change ☐ Addit	ion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	. ۳۰ -د و	· □ · Delete ·			Change ☐ Addit	ion
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information symplical	Delete	CITY-S		Change Addition	on

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:**