

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED 0000004066

03 JUN 11 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000004066

1. Entity Name
TAUCON CORP.



Principal Place of Business
P.O. BOX 14371
60 YACHT CLUB DRIVE, #401
NORTH PALM BEACH FL 33408

Mailing Address
P.O. BOX 14371
~~60 YACHT CLUB DRIVE, #401~~
NORTH PALM BEACH FL 33408



2. Principal Place of Business

3. Mailing Address
P.O. Box 14371

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
North Palm Beach

4. FEI Number 51-0277274

Applied For
Not Applicable

Zip

Country

Zip

Country

33408

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

TAUSIG, FRED
60 YACHT CLUB DRIVE, #401
NORTH PALM BEACH FL 33408

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TAUSIG, FRED 60 YACHT CLUB DR #401 NORTH PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCS TAUSIG, MERLE 60 YACHT CLUB DR #401 NORTH PALM BEACH FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIGNATURE OF FRED TAUSIG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/03 (561) 626-9663
Date Daytime Phone #

CR2E034 (10/02)