

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90140 041 ***150.00

DOCUMENT # J04099

1. Entity Name

TASK INC.

Principal Place of Business

15 N CIRUS AVE
 CLEARWATER FL 33765
 US

Mailing Address

15 N CIRUS AVE
 CLEARWATER FL 33765
 US

2. Principal Place of Business

1999 SUMMER CLUB DR.

3. Mailing Address

1999 SUMMER CLUB DR.

Suite, Apt. #, etc.

APT. # 107

Suite, Apt. #, etc.

APT. # 107

City & State

OVIDO, FL

City & State

OVIDO FL

Zip

32765

Country

US

Zip

32765

Country

US

6. Name and Address of Current Registered Agent

ZECKLER, LISSETTE
 15 N CIRUS AVE
 CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name LISSETTE ZECKLER

Street Address (P.O. Box Number is Not Acceptable)

1999 SUMMER CLUB DR #107

City OVIDO, FL

FL

Zip Code 32765

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 Lissette Zeckler Lissette Zeckler

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/01

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, 2001 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

TITLE DP
 NAME ZECKLER, JOHN L
 STREET ADDRESS 15 N CIRUS AVE
 CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE ST
 NAME ZECKLER, LISSETTE
 STREET ADDRESS 15 N CIRUS AVE
 CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE VP
 NAME ZECKLER, JOAN M
 STREET ADDRESS 15 N CIRUS AVE
 CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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: Zeckler JOHN L. ZECKLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT 407
 4/16/01 365 2267

CR2E034 (10/00)