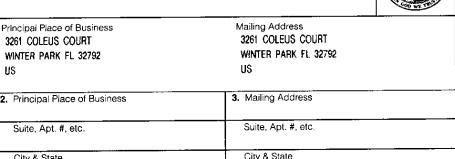
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J15198 DOCUMENT

1. Entity Name

TARABROOKE, INCORPORATED



FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90018 049 ***150.00

100000032



US		08							
2. Principal Pla	ace of Business	3. Mailing Address				IBRILID OLON 11001 OTION RIDIO INCOL	BIEII DIOI	i dinil Kiafi	BEREE BIRTE LAUI
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State	3	City & State			4. FEI Nu	4. FEI Number 59-267 1006 Applied Fo			pplied For ot Applicable
Zip -	Zip Co		Country	/	5. Certificate of Status Desired				
····	6. Name and Address of Curren		7. Name and Address of New Registered Agent						
o. Italio and Italia				Name .					
BECHTEL, STEVEN R			-	Street Address	(P.O. Box Nu	mber is Not Acceptable)			-
100 EAST	ROBINSON STREET								
ORLANDO	FL 32802								
riginal and the second of the				City FL Zip Code					
8. The above	named entity submits this statement f	for the purpose of changing	its registered	office or regist	ered agent, or	both, in the State of Florida.	I am far	niliar with	, and accept
the obligati	ons of registered agent.								
SIGNATURE _	:								
4,	Signature, typed or printed name of registered ager	nt and title if applicable. (f	NOTE: Registered A	Agent signature requi	ed when reinstating)	DATE		
∕;After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department			9.	Election Campaign Financia Trust Fund Contribution.	ng 🔲		00 May Be ed to Fees	
10.	OFFICERS ANI	D DIRECTORS	11.		ADDITIO	NS/CHANGES TO OFFICER	S AND E	IRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHREVE, DONALD R. 3261 COLEUS COURT WINTER PARK FL	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS it-zip				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SHREVE, LYNN R 3261 COLEUS COURT WINTER PARK FL 32792	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			1	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	r address	er estres ergil			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied w	Delete	CITY-S	1	Section 119.0	7(3Vi) Elorida Statutes ⊥furt		Change	Addition

Interept certify that the information supplied with this filling 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: Willand

Shreve