

\*AMENDED\*

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

DOCUMENT # J48810

1. Entity Name

TANGENT INVESTMENT, INC.

FILED

02 JUL -2 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

110 RIVERBEND ROAD

3. Mailing Address

P.O. BOX 1139

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WELAKA, FLORIDA

City & State

WELAKA, FLORIDA

4. FEI Number

59-2747835

Applied For

Not Applicable

Zip

32193

Country

USA

Zip

32193

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name JAMES M. COLE, JR.

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

110 RIVERBEND ROAD

City

WELAKA

FL

Zip Code

32193

**DO NOT WRITE  
IN THIS SPACE**

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

*J. M. Cole, Jr.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/1/02  
DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐  
(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 DPS  
NAME MARY H. COLE  
STREET ADDRESS 110 RIVERBEND ROAD  
CITY-ST-ZIP WELAKA, FLORIDA 32193

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

400006534324--2  
-07/19/02--01064--008  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE DV  
NAME JAMES M. COLE, JR.  
STREET ADDRESS 110 RIVERBEND ROAD  
CITY-ST-ZIP WELAKA, FLORIDA 32193

TITLE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mary H. Cole*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary H. Cole

7/1/02  
Date

Daytime Phone #

CR2E034B (12/01)