

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # J79717****1. Entity Name**

THE TAGLIARINI CORPORATION, INC.

Principal Place of Business806 E. JACKSON ST.
1ST FLOOR
TAMPA
33602

FL

US

Mailing Address806 E. JACKSON ST.
1ST FLOOR
TAMPA
33602

US

FL

2. Principal Place of Business

5702 INTERBAY BLVD

3. Mailing Address

5702 INTERBAY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA

FL

Zip
33611Country
US**City & State**

TAMPA

FL

Zip
33611Country
US**4. FEI Number**

59-2832343

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**

TAGLIARINI, DEBORAH KERR

806 E. JACKSON ST.

1ST FLOOR

TAMPA

33602

FL

US

7. Name and Address of New Registered Agent**Name**

TAGLIARINI, DEBORAH KERR

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

5702 INTERBAY BLVD

City
TAMPA

FL

Zip Code
33611**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**

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

(NOTE: Registered Agent signature required when reinstating)

05/01/2000

DATE

**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, 2000 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	VSD	<input type="checkbox"/> Delete
NAME	TAGLIARINI, PETER A.	
STREET ADDRESS	806 E. JACKSON ST. 1ST FLOOR	
CITY-ST-ZIP	TAMPA	FL

TITLE	DPT	<input type="checkbox"/> Delete
NAME	TAGLIARINI, DEBORAH KERR	
STREET ADDRESS	806 E. JACKSON ST. 1ST FLOOR	
CITY-ST-ZIP	TAMPA	FL

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAGLIARINI, PETER A.		
STREET ADDRESS	5702 INTERBAY BLVD		
CITY-ST-ZIP	TAMPA	FL	33611

TITLE	DPT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAGLIARINI, DEBORAH KERR		
STREET ADDRESS	5702 INTERBAY BLVD		
CITY-ST-ZIP	TAMPA	FL	3611

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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:** Deborah Kerr Tagliarini

DPT 05/01/2000