

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 17 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000002159

1. Entity Name
TAC RESEARCH & DEVELOPMENT, LLC

Principal Place of Business
4721 SPANIEL STREET
ORLANDO FL 32818

Mailing Address
4721 SPANIEL STREET
ORLANDO FL 32818-8730



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2703 CULLEN'S CT

3. Mailing Address
2703 CULLEN'S CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MNM

City & State
OCOOEE FLORIDA

City & State
OCOOEE FLORIDA

4. FEI Number
59-3613394

Applied For
Not Applicable

Zip
34761

Country
USA

Zip
34761

Country
USA

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEAD, M.J.
4721 SPANIEL STREET
ORLANDO FL 32818

Name
M.J. HEAD

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

2703 CULLEN'S CT

City **OCOOEE FLORIDA** FL Zip Code **34761**

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 *M.J. Head* **M.J. HEAD** *13 April 2000*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400003239754--5
-05/04/00--01076--015
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEAD, M.J. 4721 SPANIEL STREET ORLANDO FL 32818	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM M.J. HEAD 2703 CULLEN'S CT OCOOEE FL 34761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *M.J. Head* **SIGNATURE M.J. HEAD** *13 April 2000* **407-297-6222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)