

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N01000006627*

1. Entity Name *T.A.S.K.S. Foundation International Inc*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 18 PM 12:47

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1155 St. Rd. 17 (HWY 17) ← SAME

3. Mailing Address

Suite, Apt. #, etc.

City & State

Suite, Apt. #, etc.

City & State

Zip

33830

Country

POLK

Zip

33830

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Rose - Horner*

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

1155 St. Rd. 17

City

Bartow

FL

Zip Code

33830

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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.

(changing Address)

SIGNATURE *Rose Horner*

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

(NOTE: Registered Agent signature required when reinstating)

9-19-2003

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*D Rose Horner
1155 St. Rd. 17
Bartow, FL 338*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*D Adi Horner
1155 St. Rd. 17
Bartow, FL 338*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*D G. Mederos
1155 St. Rd. 17
Bartow, FL 338*

TITLE
NAME
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IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address with all other like empowered.

SIGNATURE: *Rose Horner*

9-19-2003

None yet

CR2E037B (12/01)