

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

DOCUMENT # 000000027043

1. Entity Name  
Taju Enterprises, INC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 SEP 22 PM 3:45

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5400 TRANQUILITY PLACE

3. Mailing Address  
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tallahassee, FL

City & State  
FLA

4. FEI Number  
59-3641581

Applied For  
Not Applicable

Zip  
32310

Country  
LEON

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

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

Name  
Cliff Legette Marsh

Street Address (P.O. Box Number is Not Acceptable)  
5400 TRANQUILITY PLACE

City  
Tallahassee FL Zip Code  
32310

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  
Cliff Legette Marsh

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

(NOTE: Registered Agent signature required when reinstating)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
LISA V. MARSH  
5400 TRANQUILITY PL  
TALLAHASSEE, FLA P

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CLIFF MARSH  
5400 TRANQUILITY PL  
TALLAHASSEE, FLA VP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
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03/22/03--01107--003 \*\*208.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/22/03

Date

509-6977

Daytime Phone #

CR2E034B (12/01)

Tuvalu Enterprise

7/22/2003

Sec of State

I did not receive 1st & 2nd notifications of annual report for the year 2003. I respectfully request that you waive the fees

Respectfully Submitted

Cliff Marshall

Cliff Marshall