

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000042503

FILED
Mar 17, 2002 8:00 AM
Secretary of State

Entity Name: TASK IN MOTION MANAGEMENT, INC.

Current Principal Place of Business:

1102 TAMARAC DRIVE
HOLIDAY, FL 34690

New Principal Place of Business:

Current Mailing Address:

1102 TAMARAC DRIVE
HOLIDAY, FL 34690

New Mailing Address:

FEI Number: 59-3644818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GODINHO, JAIRZA
5812 APPLETREE ROAD
HOLIDAY, FL 34690

Name and Address of New Registered Agent:

SHARON, FORD
1102 TAMARAC DRIVE
HOLIDAY, FL 34690

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: SHARON FORD 03/17/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GODINHO, JAIRZA
Address: 5812 APPLETREE ROAD
City-St-Zip: HOLIDAY, FL 34690

Title: DVST () Delete
Name: FORD, SHARON
Address: 1102 TAMARAC DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: SHARON, FORD
Address: 1102 TAMARAC DRIVE
City-St-Zip: HOLIDAY, FL 34690

Title: DV (X) Change () Addition
Name: GODINHO, JAIRZA
Address: 4305 CEDAR GROVE ST
City-St-Zip: HOLIDAY, FL 34691

Title: S () Change (X) Addition
Name: CAMPBELL, KIMBERLY
Address: 602 W VINE
City-St-Zip: ALTON, MO 65606

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON FORD DPT 03/17/2002

Electronic Signature of Signing Officer or Director Date