

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000042503

FILED
May 13, 2003
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:

SHARON, FORD
1102 TAMARAC DRIVE
HOLIDAY, FL 34690

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

_____ Electronic Signature of Signing Officer or Director

P

05/13/2003

_____ Date