FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2002 8:00 am Secretary of State

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1. Entity Na	ame	# Pô0000					05-17-2002 90031 046 ***150.00			
TAS	c Cons	ultants,	Tinc ·							
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DO NOT WRITE IN THIS SPACE										
2. Principal Place of Business			3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc. 6362 C. Ducham Drive			Suite, Apt. #, etc. 6362 C. T				DO NOT WRITE IN THIS SPACE			
City, & State LAKE Worth, FL			City & State	City & State			. FEI Number 65-1056214	Applied For Not Applicable		
3346	7	Country USA	33467	Country		- 1	Certificate of Status Desired \$8.	75 Additional Required		
						7:-N	Name and Address of Current Registered Age			
				<u></u>	Name Christopher A. Valleau					
	ח	O NOT W	/DITE							
DO NOT WRITE IN THIS SPACE					Street Addre	ss (P.O.	P.O. Box Number is Not Acceptable)			
					1,362	62 C. Durham Drive				
O Thomas							Josth FL 2	ip Code ろうしつ		
o. me acov	re named entity	Submits this statement	for the purpose of changing i	ts registered o	office or regi	stered a	igent, or both, in the State of Florida.			
SIGNATURE		5- p	Vaca CI	restoler	a. Vol	lean	4/20	102		
	Signature, typed or	printed name of registered agei	nt and tide if applicable. (NC	TE- Registered Ag	ent signature req	uired when i	reinstating) DATE	-		
Signature: types or printed name of registered agent an 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back)			After Ma	January 1 - May 1 Fee is \$150 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Departmen			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
11.		OFFICERS AND		ible to Depa	rtinent or a	state				
TITLE	Presiden		DIRECTORS	TITLE						
NAME.	Christopher A. Vallegu							Š		
STREET ADDRESS	1			NAME				Ç		
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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 attachment with an address, with all other like empowered.

SIGNATURE: Chestopher A. Vallor 4/30/02 561-634-0628
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daylore Proces