

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90004 009 ***150.00

DOCUMENT # P00000098243

1. Entity Name
TAC CONSULTING, INC.

Principal Place of Business
**1660 GULF BLVD
 APT 1007
 CLEARWATER FL 33767**

Mailing Address
**4100 N POWERLINE ROAD
 SUITE H-5
 POMPANO BEACH FL 33073**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1503 S. DALE MABRY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
TAMPA FL

4. FEI Number

65-1048533

Applied For

Not Applicable

Zip

Country

Zip

Country

33629

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERSOWSKY, JAKE
 4100 N POWERLINE ROAD
 SUITE H5
 POMPANO BEACH FL 33073**

Name
CRAIG CHALMERS

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

1503 S. DALE MABRY HWY

City
TAMPA

FL

Zip Code
33629

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

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

(NOTE: Registered Agent signature required when reinstating)

4/29/02
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P CHALMERS, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	1660 GULF BLVD #1007	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE NAME	V CHALMERS, CRAIG	<input type="checkbox"/> Delete
STREET ADDRESS	1660 GULF BLVD #1007	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE NAME	CFO GERSOWSKY, JAKE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4100 N POWERLINE RD #H5	
CITY-ST-ZIP	POMPANO FL 33073	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X [Signature] CRAIG CHALMERS**

4/29/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)