FILED

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## Feb 17, 2003 8:00 am Secretary of State P01000010097 DOCUMENT # 1. Entity Name 02-17-2003 90330 043 \*\*\*150.00 TANNER HOLDINGS, INC. Principal Place of Business Mailing Address 1087 MOTOR COACH DR 1087 MOTOR COACH DR POLK CITY FL 33868 POLK CITY FL 33868 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3697867 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent - --Name GANAUSER, F K Street Address (P.O. Box Number is Not Acceptable) 1087 MOTOR COACH DR POLK CITY FL 33868 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00; 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition GANAUSER, F K NAME NAME 1087 MOTORCOACH DRIVE STREET ADDRESS STREET ADDRESS POLK CITY FL 33868 CITY-ST-ZIP CITY-ST-ZIP **VPST** ☐ Delete TITLE ☐ Change ☐ Addition GANAUSER, ERIK A NAME NAME STREET ADDRESS 1948 GRENVILLE COURT STREET ADDRESS WESLEY CHAPEL FL 33543 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE - Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 repect 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

AL TOLOGIA ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR