

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90131 012 \*\*\*150.00

**DOCUMENT # P01000020640**

**1. Entity Name**  
**TALL GRASS, INC.**

**Principal Place of Business**

**Mailing Address**

**1932 BOBTAIL DRIVE**  
**ORLANDO FL 32810**

**1932 BOBTAIL DRIVE**  
**ORLANDO FL 32810**

*788 Natchez Circle*  
*29464*  
*MT. Pleasant, S.C.*



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**POWELL, JAMES N**  
**ON PROGRESS PLAZA STE 1210**  
**ST PETERSBURG FL 33701**

Name

*SAME*

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

City

**FL**

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.**

**SIGNATURE**

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

(NOTE: Registered Agent signature required when reinstating)

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** ☐ Delete  
**NAME** **D HOUSE, JOSEPH J**  
**STREET ADDRESS** **1932 BOBTAIL DRIVE**  
**CITY - ST - ZIP** **ORLANDO FL 32810**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME** **D TANNER, DONA H**  
**STREET ADDRESS** **697 CRICKLEWOOD TERR**  
**CITY - ST - ZIP** **HEATHROW FL 32746**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

☐ Change ☐ Addition  
**TITLE**  
**NAME**  
**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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

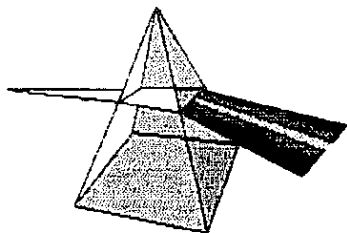
Date

Daytime Phone #

*1/9/02* *843 343 3603*  
*403 55 1331*

CR2E034 (9/01)

Attachment  
Fax Cover Page  
Doc # 01000020646



**Memphis Service Center  
Internal Revenue Service  
Memphis, Tennessee**

To: JOSEPH J. HOUSE

From: TELE-TIN UNIT

Fax Number: 4073332406

Fax Number: (901) 546-3916

**Subject: Per your request**

**Name of Applicant:**

TALL GRASS, INC. A FLORIDA CORPORATION

**Employer Identification Number is:** 30-0015579

Please be advised that it is against the law to use an employer identification number as a social security number or for anything other than business

DJ144

*This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of the communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone call, and return the communication to the address above via the United States Postal Service.*

Thank You