

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000026784

1. Entity Name
TABBYPEPPER, INC.Principal Place of Business
10827 GROVE TERRAE
SEMINOLE FL 33772
Mailing Address
2311 ALTERNATE 19
SUITE 8
PALM HARBOR FL 346832. Principal Place of Business
8440 ULMERTON Rd
Suite, Apt. #, etc.
SUITE 534
City & State
LAR60 FL
Zip 33771 Country US
33771
3. Mailing Address
8440 ULMERTON Rd
Suite, Apt. #, etc.
Suite 534
City & State
LAR60 FL
Zip 33771 Country US

8/2:

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

08-27-2002 90116 016 ***150.00

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3702879
Applied For
Not Applicable5. Certificate of Status Desired \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name
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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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

CR2E034 (4/02)

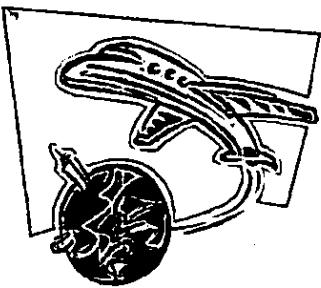
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BERG, HARRY A 10827 GROVE TERRACE SEMINOLE FL 33772	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Berg, Harry A 8440 ULMERTON Rd #534 LAR60 FL 33771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

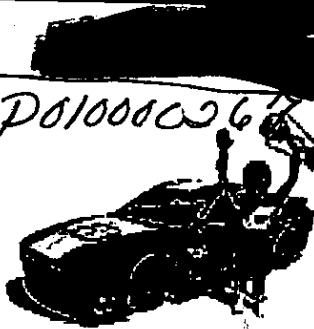
Date

Daytime Phone #



Attachment

99512 # P01000026789



TABBYPEPPER, INC.

HARRY BERG 727-533-8233

8400 Ulmerton Road, Suite 534

Largo, FL 33771

August 23, 2002

To Whom It May Concern:

Please be advised that I never received the first application, due to a change in address. After contacting your office, I was instructed to enclose \$150.00 and a letter explaining the situation.

Thank you,

TABBYPEPPER, INC.

Harry Berg