

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90704 015 ***150.00

DOCUMENT # P01000Q38305
1. Entity Name
STAMBAUGH & TARONE, P.A.

763586

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 180 Royal Palm Way Suite, Apt. #, etc. Suite 201 City & State Palm Beach, FL Zip 33480		3. Mailing Address 180 Royal Palm Way Suite, Apt. #, etc. Suite 201 City & State Palm Beach, FL Zip 33480	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1093465		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent					
				Name Theodore T. Tarone, Jr.					
				Street Address (P.O. Box Number is Not Acceptable) 180 Royal Palm Way					
				Suite 201					
City Palm Beach		State FL		Zip Code 33480					

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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director /p Reginald G. Stambaugh 180 Royal Palm Way #201 Palm Beach, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director /vp Theodore T. Tarone, Jr. 180 Royal Palm Way, #201 Palm Beach, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **VP** **4-2-2002** (561) 832-0272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)