


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

DOCUMENT # **PO1000046247**
 1. Entity Name
TakCOM, INC. ✓ 

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3832 Beacontree PL
 Suite, Apt. #, etc.

3. Mailing Address
3832 Beacontree PL
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **Oviedo, FL** City & State **Oviedo, FL** 4. FEI Number **59-3719763** Applied For
 Not Applicable

Zip **32765** Country Zip **32765** Country 5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **YEUNGB YIN T**
 Street Address (P.O. Box Number is Not Acceptable)
3832 Beacontree PL

City **Oviedo** FL Zip Code **32765**

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

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Florida Department of State

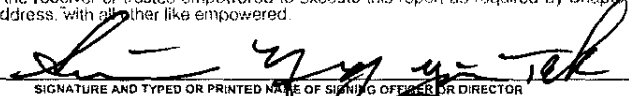
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

 **YIN T YEUNGB** 5/1/03 (407) 405 0847
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034B (12/02)