

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90120 024 ***150.00

DOCUMENT # P01000062975

1. Entity Name
TASS SERVICES, INC.



Principal Place of Business
73 DUNBAR ROAD
PALM BEACH GARDENS FL 33418

Mailing Address
73 DUNBAR ROAD
PALM BEACH GARDENS FL 33418

30013047



2. Principal Place of Business
11980 KESWICK WAY
Suite, Apt. #, etc.

3. Mailing Address
11980 KESWICK WAY
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
WEST PALM BEACH, FL
Zip
33412
Country
PALM BEACH

City & State
WEST PALM BEACH, FL
Zip
33412
Country
PALM BEACH

4. FEI Number 65-1118846

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAPIRO, THEODORE A
73 DUNBAR ROAD
PALM BEACH GARDENS FL 33418

7. Name and Address of New Registered Agent

Name
THEODORE A SHAPIRO
Street Address (P.O. Box Number is Not Acceptable)
11980 KESWICK WAY
City
WEST PALM BEACH FL Zip Code
33412

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
THEODORE A SHAPIRO

(NOTE: Registered Agent signature required when reinstating)

DATE

01/29/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	SHAPIRO, ARLENE F	73 DUNBAR ROAD	PALM BEACH GARDENS FL 33418	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	SHAPIRO, ARLENE F	11980 KESWICK WAY	WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: ARLENE F. SHAPIRO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 29, 2003 561-625-9811
Date Daytime Phone #

CR2E034 (10/02)