

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90087 021 \*\*\*150.00

**DOCUMENT # P01000098885**

1. Entity Name  
**TABS USA, INC.**

Principal Place of Business

~~2085 PREMIER ROW~~  
~~ORLANDO FL 32809~~

Mailing Address

~~1936 LEE ROAD~~  
~~SUITE 270~~  
~~WINTER PARK FL 32789~~

2. Principal Place of Business

**7303 MONETARY DRIVE**

Suite, Apt. #, etc.

3. Mailing Address

**7303 MONETARY DR.**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**ORLANDO, FL.**

Zip  
**32809**

Country

City & State  
**ORLANDO, FL.**

Zip  
**32809**

Country

4. FEI Number

**59-374-7518**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SCOTT, KENNETH J**  
**1936 LEE ROAD**  
**SUITE 270**  
**WINTER PARK FL 32789**

7. Name and Address of New Registered Agent

Name **RENEE BAIR**

Street Address (P.O. Box Number is Not Acceptable)  
**7303 MONETARY DRIVE**  
**D**

City **ORLANDO**

**FL**

Zip Code  
**32809**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCOTT, KENNETH J</b> <b>1936 LEE ROAD, SUITE 270</b> <b>WINTER PARK FL 32789</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BAIR, RENEE M.</b> <b>7303 MONETARY DR.</b> <b>ORLANDO, FL. 32809</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> 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: **Renee Bair**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/29/02 (407) 246-4400**  
 Date Daytime Phone #

CR2E034 (9/01)