

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90097 028 ***150.00

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DOCUMENT # P02000022773

1. Entity Name
TACM III, INC.



Principal Place of Business
**2300 COMMERCE PARK DRIVE
PALM BAY FL 32905**

Mailing Address
**2300 COMMERCE PARK DRIVE
PALM BAY FL 32905**



2. Principal Place of Business
2300 COMMERCE PARK DR

3. Mailing Address
2300 COMMERCE PARK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#7

#7

City & State

City & State

PALM BAY, FL

PALM BAY, FL

Zip
32905

Country
BREVARD

Zip
32905

Country
BREVARD

4. FEI Number
54-2076324

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELL, OSCAR
64 YACHT HAVEN DRIVE
COCOA BEACH FL 32931**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
DPT	SAUILLANTE, ROBIN L	1353 UNTER AVE NW	PALM BAY, FL 32907		
DVPS	FELL, OSCAR	64 YACHT HAVEN DR	COCOA BEACH, FL 32931		

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:

ROBIN SOUILLANTE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03

321-7260644

Date

Daytime Phone #

CR2E034 (10/02)