

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90263 013 \*\*\*158.75

0412456 AV

**DOCUMENT # P02000063442**

**1. Entity Name**  
**TAURUS-FLORIDA CHALLENGER IV, INC.**



**Principal Place of Business**  
**1350 E. NEWPORT CENTER DR., SUITE 206**  
**DEERFIELD BCH FL 33442**

**Mailing Address**  
**1350 E. NEWPORT CENTER DR., SUITE 206**  
**DEERFIELD BCH FL 33442**



**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

56-2331406

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**

**KEY, JAMES R ESQ.**  
**11505 FAIRCHILD GARDENS AVE., SUITE 203**  
**PALM BCH GARDENS FL 33410**

**7. Name and Address of New Registered Agent**

Name

**KAY, JAMES R.**

Street Address (P.O. Box Number is Not Acceptable)

**KAY LAW OFFICES**

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**

**TITLE** **D** ☐ Delete  
**NAME** **REIBLING, LORENZ**  
**STREET ADDRESS** **1350 E. NEWPORT CENTER DR., SUITE 206**  
**CITY-ST-ZIP** **DEERFIELD BCH FL 33442**

**TITLE** **D** ☐ Delete  
**NAME** **REIBLING, GUENTHER**  
**STREET ADDRESS** **1350 E. NEWPORT CENTER DR., SUITE 206**  
**CITY-ST-ZIP** **DEERFIELD BCH FL 33442**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☒ Addition  
**NAME** **KASSOF, LINDA G.**  
**STREET ADDRESS** **1350 E. NEWPORT CENTER DR. SUITE 206**  
**CITY-ST-ZIP** **DEERFIELD BEACH FL 33442**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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:**

*Linda G. Kassof*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/31/2003

Date

954-428-4585

Daytime Phone #

CR2E034 (10/02)