

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90165 030 \*\*\*158.75

UC36036 / AV

**DOCUMENT # P93000066975**

1. Entity Name  
**TANGERINE DEVELOPMENT COMPANY**

Principal Place of Business <b>303 PALM AVE          SARASOTA FL 34236          US</b>	Mailing Address <b>7800 BAYBERRY RD          JACKSONVILLE FL 32256          US</b>
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857171



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1819 Main Street</b>		3. Mailing Address		4. FEI Number <b>65-0438513</b>		Applied For Not Applicable	
Suite, Apt. #, etc. <b>Suite 200</b>		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
City & State <b>Sarasota, FL 34236</b>		City & State					
Zip	Country	Zip	Country				

**6. Name and Address of Current Registered Agent**

**GURLEY, DAVID  
 NORTON, GURLEY, HAMMERSLEY, & LOPEZ  
 1819 MAIN ST  
 SARASOTA FL 34236**

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

Name			
Street Address (P.O. Box Number is Not Acceptable)			
City	<b>FL</b>	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.

SIGNATURE \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00        After May 1, 2002 Fee will be \$550.00        Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CLABAUGH, JAMES E 303 PALM AVE SARASOTA FL 34236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CLABAUGH, JAMES E 1819 MAIN STREET, SUITE 200 SARASOTA, FL 34236</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T FULLERTON, ROBERT C 303 PALM AVE SARASOTA FL 34236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVTS FULLERTON, ROBERT C 1819 MAIN STREET, SUITE 200 SARASOTA, FL 34236</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GIBSON, CHRISTINE 303 PALM AVENUE SARASOTA FL 34236</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V AS GIBSON, CHRISTINE 1819 MAIN STREET, SUITE 200 SARASOTA, FL 34236</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: Robert C Fullerton **ROBERT C FULLERTON** Date: 4/24/02 Daytime Phone # \_\_\_\_\_

CR2E034 (9/01)