## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED Apr 06, 2001 8:00 am Secretary of State DOCUMENT # P94000011468 TANS ON Q. INC. 04-06-2001 90036 018 \*\*\*150.00 Principal Place of Business Mailing Address 679 AVENUE Q. S.E. 679 AVENUE Q. S.E. WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 819233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3222913 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEE, VEVALINE Street Address (P.O. Box Number is Not Acceptable) 113 CROTON RD. WINTER HAVEN FL 33884 501 Avenue C East Jahneta Winter Haven 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 Vevaline Lee, President SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete **X** Change ☐ Addition TITLE TITLE LEE, VEVALINE NAME NAME STREET ADDRESS 113 CROTON RD. STREET ADDRESS 501 Avenue C East Jahneta CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884 Winter Haven, FL 33880-5944 Change TITLE ☐ Delete TITLE Addition NAME LEE, JAMES D NAME STREET ADDRESS 113 CROTON RD. STREET ADDRESS 501 Avenue C East Jahneta CITY-ST-ZIP WINTER HAVEN FL 33884 CITY-ST-ZIP Winter Haven, FL 33880-5944 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.