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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

04-25-2003 90435 001 ***150.00
04-25-2003 90435 002 *****8.75
P94000078731

FILED
03 MAY 13 AM 11: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000078731

1. Entity Name
TAZA, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		2295 Gulf of Mexico Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Apt S 85	
City & State		City & State Longboat Key Fl	
Zip	Country	Zip 34228	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0531090 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name ROSE PALMER DURHAM
Street Address (P.O. Box Number is Not Acceptable) 2295 GULF OF MEXICO DR.
APT. S 85
City LONGBOAT KEY FL Zip Code 34228

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

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	ROSE PALMER DURHAM
STREET ADDRESS	2295 GULF OF MEXICO DR. (S85)
CITY-ST-ZIP	LONGBOAT KEY, FL. 34228
TITLE	SECRETARY
NAME	ROSE PALMER DURHAM
STREET ADDRESS	2295 GULF OF MEXICO DR (S85)
CITY-ST-ZIP	LONGBOAT KEY FL. 34228
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TS

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Rose Palmer Durham — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/22/03 Date
941-387-6472 Daytime Phone #

Attachment
Doc# P94100007831/SSO80947

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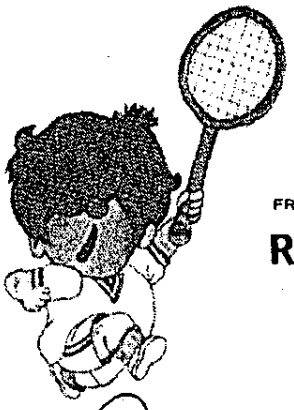

FROM THE DESK OF

Rose & Ed Durham

Please mail Certificate to

ROSE PALMER DURHAM
(TAZA, INC)
2295 GULF OF MEXICO DR.
APT. S 85
LONGBOAT KEY, FL. 34228