

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000078328

1. Entity Name **TANSOO, INC**
~~SPHERE INTERNATIONAL, INC.~~

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90087 020 ***150.00

Principal Place of Business
7810 LAGO DEL MAR
APT. #109
BOCA RATON FL 33433
US

Mailing Address
7810 LAGO DEL MAR
APT. #109
BOCA RATON FL 33433-4911
US

2. Principal Place of Business
779 SW 17 STREET
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
BOCA RATON FL

City & State

Zip **33486** Country **USA**

Zip Country

4. FEI Number **65-0617695**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATRICK HENNING
7810 LAGO DEL MR
APT. #109
BOCA RATON FL 33433

Name **PATRICK HENNING**

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

779 SW 17 STREET

City **BOCA RATON**

FL

Zip Code **33486**

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

Signature, typed or printed name of registered agent and title if applicable.

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** ☐ Delete
NAME **PATRICK HENNING**
STREET ADDRESS **7810 LAGO DEL MAR, APT. #109**
CITY-ST-ZIP **BOCA RATON FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15 2000 **561 397-1958**
Date Daytime Phone #