2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000083599 Jan 19, 2000 8:00 am Secretary of State TAI CHI INNERWAVE, INC. 01-19-2000 90167 016 ***150.00 Principal Place of Business Mailing Address P.O. BOX 17788 862 MACEWEN DRIVE OSPREY FL 34229 SARASOTA FL 34276-0788 NUDUUUIUU 2. Principal Place of Business 3. Mailing Address 45 above 4905 PEACEABLE WAY Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE SALASOTA City & State Applied For 4. FEI Number City & State 59-3348784 Not Applicable 34<u>242</u> Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ASSELIN, AMBER ANN MARI Street Address (P.O. Box Number is Not Acceptable) 3727 ROBERTS PT RD SARASOTA FL 34242 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. ed Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. PD ☐ Addition Change TITLE TITLE ☐ Delete ASSELIN, AMBER ANN MARI NAME NAME 3927 ROBERTS PT RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE BOND, JOEY NAME **4905 PEACEABLE WAY** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP Change ☐ Addition Delete TITLE ARGENTI, ROSANN NAME NAME 6784 SARA SEA CIRCLE STREET ADDRESS STREET ADDRESS SARASOTA FL 34242 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE TITLE ASSELIN, JENNIFER NAME NAME 4905 PEACEABLE WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-7iP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.