2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000010061

Entity Name: TAZ-PRO CORPORATION

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 454 EMORY OAK ST 3443 WILD MYRTLE CT. OCOEE, FL 34761 WINDERMERE, FL 34786 US LIS **Current Mailing Address: New Mailing Address:** 454 EMORY OAK ST 3443 WILD MYRTLE CT. OCOEE, FL 34761 US WINDERMERE, FL 34786 US FEI Number: 59-3416875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FORD, RICHARDS H 390 N. ORANGE AVE., STE, 1000 ORLANDO, FL 32802 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: Electronic Signature of Registered Agent Date This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition HEATH, RICKY R HEATH, RICKY R Name: Name: 454 EMORY OAK ST 3443 WILD MYRTLE CT. Address: Address: City-St-Zip: OCOEE, FL 34761 City-St-Zip: WINDERMERE, FL 34786 Title: Title: () Change () Addition () Delete WRIGLEY, THOMAS G Name: Name: 805 52ND CT. Address: Address: WEST DES MOINES, IA 50265 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition WRIGLEY, MARY A Name: Name: 805 52ND CT Address: Address: City-St-Zip: WEST DES MOINES, IA 50265 City-St-Zip: Title: () Delete Title: (X) Change () Addition AMANDUS, JODI L AMANDUS, JODI L Name: Name: Address: 454 EMORY OAK ST Address: 3443 WILD MYRTLE CT. City-St-Zip: City-St-Zip: OCOEE, FL 34761 WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICKY HEATH PRES 04/30/2002