

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000054533**

1. Entity Name
TANSU, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90320 042 ***150.00

Principal Place of Business
**3217 ROUND LAKE RD.
APOPKA FL 32798**

Mailing Address
**P.O. BOX 747
ZELLWOOD FL 32789**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3388579**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBERSON, ROBERT R
3217 ROUND LAKE RD.
ZELLWOOD FL 32798**

7. Name and Address of New Registered Agent

Name

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

City

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.

SIGNATURE

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

(NOTE: Registered Agent's 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, 2001 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

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ROBERSON, ROBERT R 1417 LAKE MARLON DR APOPKA FL 32712	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP FARIA, TANGIE 26748 CR 448-A MT. DORA FL 32757	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST ROBERSON, SUE B 1417 LAKE MARLON DR APOPKA FL 32712	☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

4-19-01

(407) 889-2777

Date

Daytime Phone

CR2E034 (10/00)