2000 UNIFORM BUSINESS REPORT (UBR)

C	OCUMENT	#	P97000030496
	Entire Ninner		

1. Entity Name

TAUSCHE, INC.

FILED
May 03, 2000 8:00 am
Secretary of State
05-03-2000 90063 018 ***150.00

						35 35 2 333333			
Principal Plac	e of Business	Mailing Address							
P.O. BOX 1732 KEY WEST FL 3	33041	P.O. BOX 1732 KEY WEST FL 33041-1732				1 4 4	# 14 v		
	lace of Business	3. Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPACE		
City & State	EST, FL.	City & State			4.	. FEI Number 65-0741643	No	oplied For ot Applicable	
33041	Country U.S.A.	Zip Country		try	5. Certificate of Status Desired \$8.75 Additional Fee Required				
7.00	6. Name and Address of Current Re	egistered Agent			7.	. Name and Address of New Regis	ered Agent		
				Name :	11	ENWARN	rd.		
EADE	DELLY GEORGE G	<u> </u>			Ausche, Edward M				
	relly, george g Whitehead Street	Street Addres		ress (P.O.	s (P.O. Box Number is Not Acceptable)				
	WEST FL 33040				<u>,, , , , , , , , , , , , , , , , , , ,</u>	<u> </u>			
NET	ME21 LF 33040			<u> </u>					
				City K	ZY W	iest,	FL Zip Code	040	
0 The element	named entity submits this statement for t	he surpose of Aspains its s	o diotor	nd office or re		_ 		/4 /	
8. The above	named entity submits this statement for the	_ /// .				6	- f 1	<i>r</i> \	
	Eduad M	INNA (E	-DW	ARD 4.	TAUS	ONE) PRESIDENT	4 25	7000	
SIGNATURE .	Signature, typed or printed name of registered agent and			d Agent signature			DATE	<u> </u>	
	Signature, types of printed frame of registerior against a	, , , , , , , , , , , , , , , , , , ,							
9. This corpo	ration is eligible to satisfy its Intangible	FILE NOW!!!				10. Election Campaign Financi	na \$5.0	0 May Be	
-	equirement and elects to do so.	After MAY 1, 200				Trust Fund Contribution.	+	to Fees	
(See criter	ia on back)	Make Check Payable	e to De	epartment o					
11.	OFFICERS AND D	IRECTORS	12.		- A	ADDITIONS/CHANGES TO OFFICER		S IN 11	
TITLE	PT	☐ Delete	TITL		ולן	SOLLE FOURED M	Change	Addition	
NAME	TAUSCHE, EDWARD M		E	TAU	SCHE EDWARD M		}		
STREET ADDRESS	P.O. BOX 1732		STRE	ET ADDRESS	150	~	_		
CITY-ST-ZIP	KEY WEST FL 33041	CITY-		- ST- ZIP	KEY	WEST, FL. 3304	10		
TITLE	\$ _	☐ Delete	TITL		2		Change	☐ Addition	
NAME	TAUSCHA MELISSA G	NAME		£	744	ISCHE, MECISSA G		}	
STREET ADDRESS	P. O. BOX 1732	STRE		ET ADDRESS	1506	south st		ノ	
CITY-ST-ZIP	KEY WEST FL 33041		CITY	-ST-ZIP	REY	WEST FL. 33	140		
TITLE	<u></u>	☐ Delete	TITL	E	VP		☐ Change	Addition	
NAME		25 50,000	NAM	E	DAVE	e larson		ļ	
STREET ADDRESS			STRE	ET ADDRESS	301	white st 16-1	•	ĺ	
CITY-ST-ZIP			CITY	-ST-ZIP	KE	WHITE ST. 16-14 WEST, FL 3	3040		
TITLE		□ Delete	TITL				☐ Change	☐ Addition	
NAME			NAM	E					
STREET ADDRESS			STRE	ET ADDRESS				}	
CITY-ST-ZIP			CITY	-ST-ZIP		<u> </u>)	
TITLE		☐ Delete	TITL	E .			☐ Change	☐ Addition	
NAME			NAM	E]				Ì	
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		□ Delete	TITL	E			☐ Change	Addition	
NAME			NAM						
STREET ADDRESS	.*		STR	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-ZIP					
13 I heraby o	certify that the information supplied with the	nis filing does not qualify for	the exe	motion state	d in Sectio	on 119.07(3)(i), Florida Statutes I furt	her certify that the in	nformation	
indicated	on this report or supplemental report is to poration or the receiver or trustee empow	rue and accurate and that m	v signa	ture shall hav	/e the sam	ne legal effect as it made under oath;	that I am an officer	or airector 1	

changed, or on an attachment with

SIGNATURE: