

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000064195

1. Entity Name

TANG & COMPANY INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90060 050 ***158.75

Principal Place of Business

12319 S OBT
ORLANDO FL 32837
US

Mailing Address

12319 S OBT
ORLANDO FL 32837
US

2. Principal Place of Business

3659 TOWN CENTER BLVD

Suite, Apt. #, etc.

#312

3. Mailing Address

3659 TOWN CENTER BLVD

Suite, Apt. #, etc.

#312

City & State

ORLANDO FL

City & State

ORLANDO FL

Zip

32837

Country

USA

Zip

32837

Country

USA

4. FEI Number

59-3458718

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REPSIS, STEVE

12319 S ORANGE BLOSSOM TRAIL
ORLANDO FL 32837

7. Name and Address of New Registered Agent

Name

STEVE REPSIS

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

3659 TOWN CENTER BLVD #312

City

ORLANDO

FL

Zip Code

32837

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

Steve Repsis president

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/27/00

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

TITLE	P	<input type="checkbox"/> Delete
NAME	REPSIS, STEVE	
STREET ADDRESS	12319 S ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	V	<input type="checkbox"/> Delete
NAME	REPSIS, SABINE	
STREET ADDRESS	12319 S ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REPSIS, STEVE	
STREET ADDRESS	3659 TOWN CENTER BLVD #312	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REPSIS, SABINE	
STREET ADDRESS	3659 TOWN CENTER BLVD #312	
CITY-ST-ZIP	ORLANDO, FL 32837	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Steve Repsis president

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407
4/27/00 847-7431

CR2E034 (9/99)