

FILED
Jun 25, 2002 8:00 am
Secretary of State

05-21-2002 91190 042 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **ET Group, Inc.**
1. Entry Name
PA7000068727 ✓

DO NOT WRITE IN THIS SPACE

94862

2. Principal Place of Business
S900 N. Dean Road
Suite, Apt. #, etc.

3. Mailing Address
S900 N. Dean Road
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando FL
Zip
32817
Country
USA

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Zip
32817
Country
USA

4. FEI Number
☒ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Raci Tasman
Street Address (P.O. Box Number is Not Acceptable)
S900 N. Dean Road
City
Orlando FL Zip Code
32817

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 date if applicable

DATE Registered Agent signature required when reappointing

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$250.00

Amended UBR is \$61.25

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
**President - P
Raci Tasman
S900 N. Dean Rd
Orlando, FL 32817**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(b), 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 657, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Raci Tasman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DESIGNATION

CR2E0348 (12/01)