2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 07, 2002 8:00 am Secretary of State P97000069819 DOCUMENT # 1. Entity Name 05-07-2002 90229 012 ***158.75 TAURUS SOUTHERN INVESTMENTS CORP. Principal Place of Business Mailing Address 1350 EAST NEWPORT CENTER P.O. BOX 4219 DEERFIELD BEACH FL 33422 SUITE 206 DEERFIELD BEACH FL 33422 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0775435 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KAY, JAMES R. KAY, JAMES R Street Address (P.O. Box Number is Not Acceptable) KAY LAW OFFICES 777 S. FLAGLER, STE. 900, EAST TOWER AKERMAN, SENTERFITT & EDISON, P.A. 11505 FAIRCHILD GARDENS AVE. SUITE 203 WEST PALM BEACH FL 33401 Zip Code 33410 PALM BEACH GARDENS 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition Delete TITLE TITLE REIBLING, LORENZ NAME NAME 1350 EAST NEWPORT CENTER DRIVE SUITE 206 STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33422** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE REIBLING, GUENTHER NAME NAME 1350 EAST NEWPORT CENTER DRIVE SUITE 206 STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33422** CITY-ST-ZIP CITY-ST-ZIP Addition VPS Change TITLE Delete TITLE NAME KASSOF, LINDA NAME 1350 EAST NEWPORT CENTER DRIVE SUITE 206 STREET ADDRESS STREET ADDRESS **DEERFIELD BCH FL 33422** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change **EVP** Delete TITLE TITLE RILEY, RODNEY NAME NAME 100 S ORANGE AVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachmost with an address, with all other like empowered.

~426-4285

FILED