

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90035 003 \*\*\*150.00

**DOCUMENT # P97000072284**

1. Entity Name  
**TARAS GROUP, INC.**

Principal Place of Business  
**5200 WESTSHORE DRIVE**  
**NEW PORT RICHEY FL 34652**

Mailing Address  
**5200 WESTSHORE DRIVE**  
**NEW PORT RICHEY FL 34652**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**31 Tarpon Ave**  
 Suite, Apt. #, etc.

3. Mailing Address  
**31 Tarpon Ave**  
 Suite, Apt. #, etc.

City & State  
**Key Largo**  
 Zip **33037** Country **USA**

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**Key Largo**  
 Zip **33037** Country **USA**

4. FEI Number **65-0791400** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DENMARK, MICHAEL D**  
**5200 WESTSHORE DRIVE**  
**NEW PORT RICHEY FL 34652**

7. Name and Address of New Registered Agent

Name **Rosemary D. Binder**  
 Street Address (P.O. Box Number is Not Acceptable)  
**31 Tarpon Ave**  
 City **Key Largo** FL **33037**

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 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, 2002 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	DS	<input checked="" type="checkbox"/> Delete
NAME	DENMARK, MICHAEL D	
STREET ADDRESS	5200 WESTSHORE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	DVT	<input checked="" type="checkbox"/> Delete
NAME	HEITZMAN, HAROLD	
STREET ADDRESS	5015 U.S. HIGHWAY 19	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HEIDENREICH, GENE	
STREET ADDRESS	39350 PRETTY POND ROAD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
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	Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosemary Binder	
STREET ADDRESS	31 Tarpon Ave	
CITY-ST-ZIP	Key Largo, FL 33037	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E04 (9/01)