2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT

P97000095429

1. Entity Name

TABCAV, INC.



Principal Place of Business 34550 MISSION BELL LN. DADE CITY FL 33525

Mailing Address

34550 MISSION BELL LN.

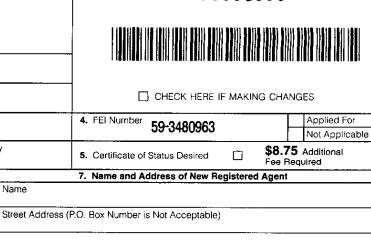
DADE CITY FL 33525

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90103 001 ***150.00

* UUUZUUU



City Zip Code 8. The above named exitive submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

Country

Name

ي^ن شم. SIGNATURE

Zip

TABB, JANICE T

34550 MISSION BELL LN. DADE CITY FL 33525

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable.

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/02) TITLE ☐ Delete TITLE ☐ Change TABB, JANICE T NAME NAME STREET ADDRESS 34550 MISSION BELL LN. STREET ADDRESS CITY-ST-ZIP DADÉ CITY FL 33525 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME TABB, JAMES K JR. NAME STREET ADDRESS 34550 MISSION BELL LN. STREET ADDRESS CITY-ST-7IP DADE CITY FL 33525 CITY-ST-ZIP TITLE ☐ Delete TITLE ח ☐ Change Addition NAME CAVALL, BRUCE V NAME STREET ADDRESS 34041 MADISON AVE STREET ADDRESS CITY-ST-ZIP RIDGE MANOR FL 33523 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 respector or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: