## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED Mar 12, 2001 8:00 am Secretary of State DOCUMENT # **P97000106386** TANGENT COMMUNICATIONS CORPORATION 03-12-2001 90035 012 \*\*\*150.00 Mailing Address Principal Place of Business 200 S. BURNETT ROAD P O BOX 560989 ROCKLEDGE FL 32956-0989 COCOA FL 32926 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3484354 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 Markey + Fowler MARKEY & FOWLER, P.A. Street Address (P.O. Box Number is Not Acceptable) 410 WEST MERRITT AVENUE MERRITT ISLAND FL 32953 (Note - Change of Address onl 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Prosident & Director ☐ Addition TITLE TITLE ☐ Delete STANDLEY, WILLIAM F NAME NAME 200 S. Burnett Rd STREET ADDRESS STREET ADDRESS 200 S BURNETT RD CITY-ST-ZIP COCOA FL 32926 CITY-ST-ZIP COCOA FL 32926 ☐ Change TITLE Delete TITLE (Note-the President is one and NAME NAME STREET ADDRESS same person, merely a change in STREET ADDRESS CITY-ST-ZIP official signature) CITY-ST-ZIP \_\_\_\_Change \_\_\_\_ Addition -☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 of the changed, or on an attachment