

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State
 05-11-2000 90298 015 ***158.75

DOCUMENT # P98000010826

1. Entity Name
TANDEVCO CORP.

Principal Place of Business 201 GULF OF MEXICO DRIVE #6 LONGBOAT KEY FL 34228	Mailing Address 201 GULF OF MEXICO DRIVE #6 LONGBOAT KEY FL 34228-4022
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2. Principal Place of Business 303 PALM AVENUE Suite, Apt. #, etc. JACKSONVILLE, FL 32256 City & State SARASOTA, FL 34236 Zip 34236 Country USA	3. Mailing Address 7800 BAYBERRY ROAD Suite, Apt. #, etc. JACKSONVILLE, FL 32256 City & State JACKSONVILLE, FL 32256 Zip 32256 Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0813860	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ICARD, MERRILL, CULLIS, TMM, ET. AL ATTN: MICHAEL J. FUREN 2033 MAIN STREET - SUITE 600 SARASOTA FL 34237	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating)

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE DVTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FULLERTON, BOB		NAME FULLERTON, BOB	
STREET ADDRESS 201 GULF OF MEXICO DRIVE #6		STREET ADDRESS 303 PALM AVENUE	
CITY-STATE-ZIP LONGBOAT KEY FL 34228		CITY-STATE-ZIP SARASOTA, FL 34236	
TITLE D	<input type="checkbox"/> Delete	TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLABAUGH, JAMES		NAME CLABAUGH, JAMES	
STREET ADDRESS 201 GULF OF MEXICO DRIVE #6		STREET ADDRESS 303 PALM AVENUE	
CITY-STATE-ZIP LONGBOAT KEY FL 34228		CITY-STATE-ZIP SARASOTA, FL 34236	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

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]* **REQUIRED** **4/19/00** **904-737-8580**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)