FILED

2003 FOR PROFIT CORPORATION

Jan 24, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR Secretary of State** P98000011920 DOCUMENT # 1. Entity Name 01-24-2003 90091 048 ***150.00 TANGENT TOO CORPORATION 1 Pros 10 . 1949 Principal Place of Business Mailing Address 11780 US HWY ONE. STE. 300 11780 US HWY ONE, STE, 300 20002222 N. PALM BEACH FL 33408 N. PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-0826181 Not Applicable __Country____ Zip Zip _ -Country-\$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FHS CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 11780 US HWY ONE, STE. 300 N. PALM BEACH FL 33408 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Addition TITLE ☐ Delete NAME REYNOLDS, WILEY R III NAMÉ 255 S COUNTY ROAD STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE LEE, JEFFREY S NAME NAME STREET ADDRESS 255.S.COUNTY-ROAD ... STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE Change Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME

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 receiver 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 if changed, or on an attachment with an address, with all other like empowered.

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