2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 31, 2000 8:00 am Secretary of State DOCUMENT # P98000012665 TATANKA, INC. 05-31-2000 90004 029 ***150.00 Principal Place of Business Mailing Address 1563 SOUTH HWY 17-92 1563 SOUTH HWY 17-92 LONGWOOD FL 32750-6556 LONGWOOD FL 32750 3. Mailing Address 2. Principal Place of Business S027H Huy 17-9L Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Ong Joo J Applied For City & State 4. FEI Number 59-3491858 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required --22750 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCRAE, THOMAS GREGORY Street Address (P.O. Box Number is Not Acceptable) 1500 PARK DRIVE CASSELBERRY FL 32707 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME MCARAE, THOMAS G STREET ADDRESS STREET ADDRESS 1500 PARK DR CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME MCRAE, CYNTHIA B STREET ADDRESS STREET ADDRESS 1500 PARK DR CITY-ST-ZIP CITY-ST-7IP CASSELBERRY FL 32707 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP the this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with indicated on this report or supplemental reports. of the corporation or the receiver or trustee changed, or on an attachment with an add

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s, with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: