2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P98000023241** Apr 20, 2001 8:00 am Secretary of State TAURUS CONSULTING, INC. 04-20-2001 90161 050 ***150 00 Principal Place of Business Mailing Address 128 LIVE OAK AVENUE 3 DOWNING DRIVE DAYTONA BEACH FL 32114 PORT ORANGE FL 32119 US 2. Principal Place of Business 3. Mailing Address Atlantic AVE <u>800 N.</u> A+L 2*800 N*. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3501801 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired U5 A U5A Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent JOHNSON, J. RICHARD 3 DOWNING DRIVE PORT ORANGE FL 32119 nits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above names SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. Change TITLE ☐ Addition ☐ Delete TITLE JOHNSON, J. RICHARD NAME NAME 3 DOWNING DRIVE STREET ADDRESS STREET ADDRESS **PORT ORANGE FL 32119** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change _ - Delete - - --TITLE . TITLE ~ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 acceptance of the corporation of the corporation of the corporation of the corporation of 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 acceptance of the corporation of the c

SIGNATURE: A WASH Solved J. R. ICHARD JOHNSON 4/14/2001 1-386-673-612

SIGNATURE: AND WIFE OR PRINTED NAME OF SHENING OFFICER OR DIRECTOR

Date 1-386-673-6123