

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90058 014 ***150.00

DOCUMENT # P98000034998

1. Entity Name
THE TAPER GROUP, INC.



Principal Place of Business
**2744 E COMMERCIAL BLVD
FORT LAUDERDALE FL 33308**

Mailing Address
**1260 E. OAKLAND BLVD.
FT. LAUDERDALE FL 33334**

2. Principal Place of Business

1260 E. Oakland Park Blvd

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. Lauderdale, FL

City & State

Zip
33334

Country
USA

Zip

Country

4. FEI Number
65-0829452

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FUHRMEISTER, J C
1260 E. OAKLAND PARK BLVD
FT. LAUDERDALE FL 33313**

7. Name and Address of New Registered Agent

Name **Judith A. JANUS**
Street Address (P.O. Box Number is Not Acceptable)
**1260 E Oakland Blvd
Ste #200**
City **FT. Lauderdale FL** Zip Code **33334**

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 **John A. Janus**
Signature, typed or printed name of registered agent and title if applicable.

JUDITH A JANUS
(NOTE: Registered Agent signature required when reinstating)

4/8/03
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D GALLANT, GLENN M**
STREET ADDRESS **1260 E OAKLAND PARK BLVD**
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE ☒ Delete
NAME **FUHRMEISTER, CHRISTOPHER J**
STREET ADDRESS **1260 E. OAKLAND PARK BLVD.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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.

SIGNATURE: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President **954-453-3000**
Date Daytime Phone #

CR2E034 (10/02)