

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90090 028 ***150.00

DOCUMENT # P98000063042

1. Entity Name

TAUB NATIONAL INCORPORATED



Principal Place of Business

5225 NW 89TH DRIVE
CORAL SPRINGS FL 33067

Mailing Address

5225 NW 89TH DRIVE
CORAL SPRINGS FL 33067

2. Principal Place of Business

2929 N University Dr

3. Mailing Address

2929 N University Dr

Suite, Apt. #, etc.

Suite 111

Suite, Apt. #, etc.

Suite # 111

City & State

Coral Springs FL

City & State

Coral Springs FL

Zip

33065

Country

USA

Zip

33065

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0852951

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TAUB, KEITH

5225 NW 89TH DRIVE

CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name

2929 N University Dr

Street Address (P.O. Box Number is Not Acceptable)

Suite 111

City Coral Springs

FL

Zip Code

33065

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

1/13/03

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 PVPD
NAME TAUB, KEITH
STREET ADDRESS 5225 NW 89 DR
CITY-ST-ZIP CORAL SPRINGS FL 33067

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Change

☐ Addition

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

Date

Daytime Phone #

1/13/03 954-755-8063

CR2E034 (10/02)