FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBP)**

FILED Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90138 029 ***150.00

1. Entity Name Taube, Inc.								
	DO NOT WRIT	E IN THIS	SPAC	E		11029871		
2. Principal Place of Business 3. Mailing Address 340 7th Avenue South 340 7th Avenue			a South	South		And the second s		
Suite, Apt. #, etc. Suite, Apt. #, etc.			e Journ		1	DO NOT WRITE IN THIS SPACE		
City & State Naples, F		City & State Naples, FL			4. FE	Number 593526194 Applied For Not Applied	ole :	
Zip 34102	Country USA	Zip 34102	Count USA	USA		ertificate of Status Desired		
DO NOT WRITE				Name Peter	eter D. Wallack C/o Gualario,Licht and Andrews, PA			
						(P.O. Box Number is Not Acceptable)		
IN THIS SPACE				791 Tenth Street South				
				^{City} Naples		FL Zip Code 34102		
The above named entity submits this statement for the purpose of changing its reg the obligations of registered agent.				stered office or registered agent, or both, in the State of Florida. I am familiar with, and accept			ar I	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				Fig. 10. VVIIIIIOK egistered Agent signature required when ra		04/25/03 (stating) DATE		
January 1 - May 1 Fee is \$150.00 After May 1; Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees)	
10.		ND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Hiltrud Gneiser - President 340 7th Avenue South Naples, FL 34102			t address St-Zip				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			20 0-0000000000000000000000000000000000	ET ADDRÉSS ST- AP			CR2E034B (12/02)	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			3 (8) (8) (8)	T Address St-zip				
12. I hereby of indicated of the corrattachmen	erify that the information supplied von this report of supplied an interport of supplied and the population or the reconciled function of the reconciled function of the like of the supplied of the supplied function of the	with this filing does not qualit it is true and accurate and the impowered to execute this removered.	y for the exem nat my signati eport as requ	nption stated in Seure shall have the kired by Chapter 6	ection 11 same le 307, Flori	9.07(3)(i), Florida Statutes. I further certify that the information gal effect as if made under oath; that I am an officer or directo da Statutes; and that my name appears in Block 10 or on an	r	

Hiltrud Gneiser

04/25/03

(239) 261-3683