

**2000 UNIFORM BUSINESS REPORT (UBR)**

*Palak*

**DOCUMENT #** P98000095701  
 1. Entity Name TAASHADNE OF ORLANDO, INC.

**FILED**  
 01 MAR 28 AM 9:16  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business  
 4401-J MARTINS WY  
 ORLANDO, FL 32808

Mailing Address

2. Principal Place of Business  
 4036 GOLFSIDE DR

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
 ORLANDO, FL

City & State

Zip  
 32808

Country

4. FEI Number  
 59-3538920

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

LA TAASHA BYRD  
 4410-J MARTINS WY  
 ORLANDO, FL 32808

**7. Name and Address of New Registered Agent**

Name  
 LA TAASHA BYRD

Street Address (P.O. Box Number is Not Acceptable)  
 4036 GOLFSIDE DR

City  
 ORLANDO

FL Zip Code  
 32808

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.

SIGNATURE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  \$5.00  
 Trust Fund Contribution. May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LA TAASHA BYRD 4410-J MARTINS WY ORLANDO, FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LA TAASHA BYRD 4036 GOLFSIDE DR ORLANDO, FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

900002859069  
 -04/04/01--01073--013  
 \*\*\*\*300.00 \*\*\*\*300.00

PR2E034 (9/99)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 address, with all other like empowered.

SIGNATURE: La Taasha Byrd 3-26-01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Robinson Accounting of America

03/26/01

P98 - 95701

PS 2012

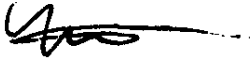
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

To Whom It May Concern,

This letter is to inform that TAASHA ONE OF ORLANDO, INC. , has relocated.  
The named Corporation did not receive a Annual Corporate Report. Due to these  
circumstances we are asking that you abate the reinstatement fees.

Your consideration concerning this matter is greatly appreciated.

Cordially yours,



Maurice Robinson  
Robinson Accounting of America Inc.