2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT#** P98000095701 FILED TAASHADNE OF DELANDO, Unc. 01 MAR 28 AM 9: 16 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE FLORIDA 4401-J MARTINS WY ORLANDO, FL 32808 2. Principal Place of Business 3. Mailing Address 4036 GOLFSIDE DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ORLANDO, FL 59-3538920 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32808 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LA TAASHA BYRD LA T<u>AASHA</u> B<u>YR</u>D Street Address (P.O. Box Number is Not Acceptable) 4410-J MARTINS WY 4036 GOLFSIDE DR City Zip Code ORLANDO, FL 32808 32808 **ORLANDO** 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 \$5.00 FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intan-10. Election Campaign Financing gible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. May Be Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD PD Change X Addition TITLE Delete TITLE LA TAASHA BYRD LA TAASHA BYRD NAME NAME 4410-J MARTINS WY 4036 GOLFSIDE DR STREET ADDRESS STREET ADDRESS ORLANDO, FL 32808 ORLANDO, FL 32808 CITY - ST - ZIP CITY - ST - ZIP 30000a&590**6**3 Delete TITLE TITLE -04/04/01 - -01073 NAME NAME ****300.00 ****300.00 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete TITLE Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition 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 corpo<u>ra</u>tion 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 of Block 12 if changed, or on an attachment with an address, with all other like empowered. 3.26.01

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE:

03/26/01



Book

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.