

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011883

1. Entity Name

TANGO-JULIET INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90009 026 ***150.00

80010725



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8837 MARINA BAY DR. HOBE SOUND FL 33456	Mailing Address 8837 MARINA BAY DR. HOBE SOUND FL 33456
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	NOT APPLICABLE	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
CORNELL, THOMAS 8837 MARINA BAY DR. HOBE SOUND FL 33456	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNELL, THOMAS	NAME	
STREET ADDRESS	8837 SE MARINA BAY DR	STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTKOWSKI, JOSEPH	NAME	
STREET ADDRESS	8927 SE MARINA BAY DR	STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORNELL, THOMAS	NAME	
STREET ADDRESS	8837 SE MARINA BAY DR	STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33-455.	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTKOWSKI, JOSEPH	NAME	
STREET ADDRESS	8927 SE MARINA BAY DR	STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL 33455	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Thomas L Cornell THOMAS L CORNELL 1/29/01 5615450784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)