FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90029 011 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011883

1. Entity Name

TANGO - JULIET INC.

DO NOT WRITE IN THIS SPACE

425053

DO NOT WRITE IN THIS SPACE

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

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: THOMAS CORNELL

Street Address (P.O. Box Number is Not Acceptable): 8837 MARINA BAY DR.

City: HOBE SOUND FL Zip Code: 33456

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P. CORNELL THOMAS 9937 SE MARINA DR. HOBE SOUND FL 33456	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JOSEPH RUTKOWSKI 8926 FIRST TEE RD. PORT ST. LUCIE FL 34986	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S. THOMAS CORNELL 8837 SE MARINA BAY DR. HOBE SOUND FL 33455	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T. JOSEPH RUTKOWSKI 8926 FIRST TEE RD. PORT ST. LUCIE FL 34986	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS CORNELL Thomas Cornell 561 545-0784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #