

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90461 036 \*\*\*158.75  
 07-24-2001 90003 004 \*\*\*550.00

**DOCUMENT # P99000050143**

**1. Entity Name**  
**TAURUS-FLORIDA CHALLENGER, INC.**



**Principal Place of Business**  
**1350 E. NEWPORT CENTER**  
**STE 206**  
**DEERFIELD BEACH FL 33442**

**Mailing Address**  
**PO BOX 4219**  
**DEERFIELD BEACH FL 33442**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
**65-0926174**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

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

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

**KAY, JAMES R**  
**AKERMAN SENTERFITT & EIDSON PA**  
**777 SOUTH FLAGLER DRIVE SUITE 900 E TOWER**  
**WEST PALM BEACH FL 33401**

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) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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**

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

**TITLE** **D** ☐ Delete  
**NAME** **REIBLING, LORENZ**  
**STREET ADDRESS** **1400 EAST NEWPORT CENTER DRIVE SUITE 209**  
**CITY-ST-ZIP** **DEERFIELD BEACH FL 33442**

**TITLE** **V.P.** ☐ Change ☒ Addition  
**NAME** **LINDA G. KASSOR**  
**STREET ADDRESS** **1350 E NEWPORT CENTER DR**  
**CITY-ST-ZIP** **CORALS SPRINGS, FL 33042**

**TITLE** **D** ☐ Delete  
**NAME** **REIBLING, GUENTHER**  
**STREET ADDRESS** **1400 EAST NEWPORT CENTER DRIVE SUITE 209**  
**CITY-ST-ZIP** **DEERFIELD BEACH FL 33442**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/01

954-428-4581

Date

Daytime Phone #

007844 AV

CR2E034 (5/01)



# Joel Friend & Associates, Inc.

3880 Sheridan St. • Hollywood, FL 33021 • [www.joelfriend.com](http://www.joelfriend.com)

Attachment  
AJ079546

July 15, 2001

Reinstatement Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: THE DWYER DESIGN GROUP, INC.  
Charter # P00000086564

To Whom It May Concern:

I am writing this letter at the request of the taxpayer. I have recently been retained by THE DWYER DESIGN GROUP, INC. to handle their accounting and tax services. The taxpayer claims to have never received notification of the Uniform Business Report. Looking to ascertain if my client filed their 2001 UBR I noticed that no filing was made. I have made the taxpayer aware of this annual filing. The taxpayer will most certainly file subsequent annual uniform business reports on a timely basis.

Enclosed you will find the taxpayer's payment of \$150.00 for the 2001 Annual Report. Under these circumstances I am respectfully requesting that you abate any reinstatement fees. My client fully intends to keep this corporation active. If you should have any questions please contact me directly. I would like to thank you in advance for your attention to this matter.

Very truly yours,

Joel Friend  
Joel Friend & Associates, Inc.