

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 17, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000067028****1. Entity Name**
TANGENT 101 CORP.**Principal Place of Business**GLADES BLDG, STE. 303,
877 EXECUTIVE CENTER DR. WEST
ST. PETERSBURG FL 33702**Mailing Address**GLADES BLDG, STE. 303,
877 EXECUTIVE CENTER DR. WEST
ST. PETERSBURG FL 33702**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-3616384**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentMASCARA ERNEST L
GLADES BLDG, STE. 303,
877 EXECUTIVE CENTER DR. WEST
ST. PETERSBURG FL 33702**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)

03/17/2000

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 \$150.00**
After MAY 1, 2000 Fee will be \$550.00
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**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME NOVAK MICHAEL TJR.
STREET ADDRESS 877 EXECUTIVE CENTER DR. W., STE. 303
CITY-ST-ZIP ST. PETERSBURG FL 33702TITLE ☐ Delete
NAME NOVAK MICHAEL TJR.
STREET ADDRESS 877 EXECUTIVE CENTER DR. W., STE. 303
CITY-ST-ZIP ST. PETERSBURG FL 33702TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☒ Addition
NAME VPD
STREET ADDRESS SCHREINER GARY L
CITY-ST-ZIP 202 EAST FIFTH STREET IL 61081TITLE ☐ Change ☒ Addition
NAME VPD
STREET ADDRESS SWANSON JAMES N
CITY-ST-ZIP 202 EAST FIFTH STREET IL 61081TITLE ☒ Change ☐ Addition
NAME VPD
STREET ADDRESS BERGMAN JAMES N
CITY-ST-ZIP 202 EAST FIFTH STREET IL 61081TITLE ☒ Change ☐ Addition
NAME PDST
STREET ADDRESS LEWISON GARY L
CITY-ST-ZIP 1336 PRESERVATION WAY FL 34677TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:** Gary L. Lewison

PRES. 03/17/2000