

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90073 011 ***150.00

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DOCUMENT # P99000105096

1. Entity Name

TAF CONSULTANTS, INC.

Principal Place of Business: 9764 N.W. 19TH STREET
 CORAL SPRINGS FL 33071

Mailing Address: 9764 N.W. 19TH STREET
 CORAL SPRINGS FL 33071



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 9690 W Sample Road
 Suite, Apt. #, etc. Suite 201

3. Mailing Address: 9690 W Sample Road
 Suite, Apt. #, etc. Suite 201

City & State: Coral Springs FL

City & State: Coral Springs FL

4. FEI Number 65-0968662

Applied For
 Not Applicable

Zip 33065 Country USA

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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

FEALLY, THOMAS A
9764 N.W. 19TH STREET
CORAL SPRINGS FL 33071

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 \$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. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
 NAME FENLly, THOMAS A
 STREET ADDRESS 9764 NW 19TH STREET
 CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete

TITLE VP
 NAME Patricia A Feally
 STREET ADDRESS 9764 NW 19th Street
 CITY-ST-ZIP Coral Springs FL 33071 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/01

Date

954 255-7139

Daytime Phone #

CR2E034 (10/00)