

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000108119

1. Entity Name

TAURUS CHOPS, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90948 048 ***150.00

Principal Place of Business Mailing Address
4411 CLEVELAND AVENUE 4411 CLEVELAND AVENUE
FT. MYERS FL 33901 FT. MYERS FL 33901

2. Principal Place of Business 3. Mailing Address
3540 MAIN HIGHWAY Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State City & State
MIAMI FL

Zip Country Zip Country
33133 USA

4. FEI Number Applied For
65-0965888 Not Applicable

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

6. Name and Address of Current Registered Agent

LYNCH, PAUL
4411 CLEVELAND AVENUE
FT. MYERS FL 33901

7. Name and Address of New Registered Agent

Name RICHARD J. SIMEONE
Street Address (P.O. Box Number is Not Acceptable)
436 S. Andrews Ave
City FT LAUD. FL Zip Code 33301

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 Richard J. Simeone RICHARD J. SIMEONE 4/20/00
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, 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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C.E.O./D
STREET ADDRESS	LAGIESCHULTE, DAVID L
CITY-ST-ZIP	4411 CLEVELAND AVE FT MYERS, FL 33901
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DP
STREET ADDRESS	BRAWNER, TERRY K
CITY-ST-ZIP	4411 CLEVELAND AVE FT MYERS, FL 33901
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DET
STREET ADDRESS	LYNCH, PAUL W
CITY-ST-ZIP	4411 CLEVELAND AVE FT MYERS, FL 33901
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Paul W Lynch Taur
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 941-275-6339
Date Daytime Phone #