## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P99000109920 Mar 20, 2000 8:00 am **Secretary of State** TAIN VENTURES, INC. 03-20-2000 90024 037 \*\*\*150.00 Principal Place of Business Mailing Address 2151 WHITFIELD INDUSTRIAL WAY 2151 WHITFIELD INDUSTRIAL WAY SARASOTA FL 34243 SARASOTA FL 34243 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0979595 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ESSENSON, JAMES L Street Address (P.O. Box Number is Not Acceptable) 2071 MAIN STREET SARASOTA FL 34237 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME KRUSE, THOMAS E STREET ADDRESS STREET ADDRESS 2151 WHITFIELD INDUSTRIAL WAY CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 ☐ Delete Change ☐ Addition TITLE NAME KRUSE, ROBERT J NAME STREET ADDRESS STREET ADDRESS 2151 WHITFIELD INDUSTRIAL WAY CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME KRUSE, GEORGE W STREET ADDRESS STREET ADDRESS 2151 WHITFIELD INDUSTRIAL WAY CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete

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 eport 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 trustic 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George W. Knise

3/15/2000 (941) 739-6201