2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 28, 2001 8:00 am Secretary of State DOCUMENT # P99000109920 TAIN VENTURES, INC. -28-2001 90033 016 ***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 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FÉI Number Applied For 65-0979595 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ESSENSON, JAMES L Street Address (P.O. Box Number is Not Acceptable) 2071 MAIN STREET SARASOTA FL 34237 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change Addition KRUSE, THOMAS E NAME NAME 2151 WHITFIELD INDUSTRIAL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP SARASOTA FL 34243 TITLE ☐ Delete TIT1 F Change ☐ Addition KRUSE, ROBERT J NAME NAME STREET ADDRESS 2151 WHITFIELD INDUSTRIAL WAY STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP SARASOTA FL 34243 TITLE ☐ Delete TITLE Change Addition KRUSE, GEORGE W NAME STREET ADDRESS 2151 WHITFIELD INDUSTRIAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-ZIP 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.

FILED