2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am Secretary of State DOCUMENT # P99000109920 1. Entity Name 02-26-2002 90142 016 ***150.00 TAIN VENTURES, INC. Principal Place of Business Mailing Address 2151 WHITFIELD INDUSTRIAL WAY 2151 WHITFIELD INDUSTRIAL WAY SARASOTA FL 34243 SARASOTA FL 34243 3. Mailing Address 2. Principal Place of Business ZOI OSPREY POINT DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State OSPREY, FL 4. FEI Number Applied For City & State 65-0979595 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESSENSON, JAMES L Street Address (P.O. Box Number is Not Acceptable) 2071 MAIN STREET SARASOTA FL 34237 Zip Code City 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) 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, 2002 Fee will be \$550.00 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. ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME KRUSE, THOMAS E STREET ADDRESS 2151 WHITFIELD INDUSTRIAL WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. SARASOTA FL 34243 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME KRUSE, ROBERT J STREET ADDRESS STREET ADDRESS 2151 WHITFIELD INDUSTRIAL WAY CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 ☐ Addition Change TITLE TITLE ☐ Delete 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 ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F Delete 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 Justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with

FILED