

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90117 008 ***150.00

CR2E034 (10/02)

DOCUMENT # 550488

1. Entity Name
TABCO, INC.



Principal Place of Business
**5660-66TH ST N
ST PETERSBURG FL 33709**

Mailing Address
**5660-66TH ST N
ST PETERSBURG FL 33709**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
5312 - 3rd Ave W
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Palmetto, FL

Zip
34221

Country
Monaco

4. FEI Number **59-1789700**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BAILEY, THOMAS A.
5660 66TH STREET N.
ST. PETERSBURG FL 33709**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete
NAME BAILEY, THOMAS	
STREET ADDRESS 5660-66TH STREET N.	
CITY-ST-ZIP ST. PETERSBURG-FL	
TITLE STD	<input type="checkbox"/> Delete
NAME BAILEY, MARGRET	
STREET ADDRESS 5660-66TH STREET N.	
CITY-ST-ZIP ST. PETERSBURG FL	
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 5312 - 3rd Ave W	
STREET ADDRESS Palmetto, FL	
CITY-ST-ZIP 34221	
TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 5312 - 3rd Ave W	
STREET ADDRESS Palmetto, FL	
CITY-ST-ZIP 34221	
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF THOMAS A. BAILEY Date: 3-10-03 Daytime Phone #: 727-541-2653