


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91412 028 ***150.00

DOCUMENT # *P02000006286*
1. Entity Name
TAC Adjusters, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2750 N. Breeze Road
Suite, Apt. #, etc.

3. Mailing Address
2750 N. Breeze Rd.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Melbourne, FL

City & State
Melbourne, FL

4. FEI Number
90-0003111

Applied For
 Not Applicable

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

Zip
32935

Country
Bravard

Zip
32935

Country
Bravard

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Tracy Hauck

Street Address (P.O. Box Number is Not Acceptable)
130 E. Strawbridge Ave.

City
Melbourne, FL

Zip Code
32901

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP | <i>PRESIDENT THOMAS A. CARRAWAY 2750 N. BREEZE RD. MELBOURNE, FL 32935</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>TREASURER THOMAS A. CARRAWAY 2750 N. BREEZE RD. MELBOURNE, FL 32935</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <i>SECRETARY THOMAS A. CARRAWAY 2750 N. BREEZE RD. MELBOURNE, FL 32935</i> | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas A. Carraway* *04-30-03* *321-752-0432*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)