


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0127975 AV

<b>DOCUMENT #</b> P02000006286 1. Entity Name <b>TAC ADJUSTERS, INC.</b>	
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FILED

04 APR 12 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business <b>2750 NORTH BREEZE ROAD MELBOURNE FL 32935</b>	Mailing Address <b>2750 NORTH BREEZE ROAD MELBOURNE FL 32935</b>
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2. Principal Place of Business <b>4085 Aurora Road</b> Suite, Apt. #, etc.	3. Mailing Address <b>4085 Aurora Road</b> Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State <b>Melbourne, FL</b>	City & State <b>Melbourne, FL</b>	4. FEI Number <b>90-0003111</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32935</b>	Country <b>USA</b>	Zip <b>32935</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>HUACK, TRACY ESQ. 516 NORTH HARBOR CITY BLVD. MELBOURNE FL 32935</b>	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 Thomas A. Carraway 04-05-04  
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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PRESIDENT	
NAME	Thomas A. Carraway	<input type="checkbox"/>
STREET ADDRESS	4085 Aurora Rd.	
CITY-ST-ZIP	Melbourne FL 32935	
TITLE	V. PRESIDENT	<input type="checkbox"/>
NAME	Thomas A. Carraway	<input type="checkbox"/>
STREET ADDRESS	4085 Aurora Rd.	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	SECRETARY	<input type="checkbox"/>
NAME	Thomas A. Carraway	<input type="checkbox"/>
STREET ADDRESS	4085 Aurora Rd.	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	TREASURER	<input type="checkbox"/>
NAME	Thomas A. Carraway	<input type="checkbox"/>
STREET ADDRESS	4085 Aurora Rd.	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		<input type="checkbox"/>
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	100032777031		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	04/15/04--01011--029 *\$150.00	<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: Thomas A. Carraway 04-05-04      321-752-0432  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/02)