

3
2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90337 008 ***150.00

90097293

DO NOT WRITE IN THIS SPACE

DOCUMENT # P02000082627			
1. Entity Name TABY ENTERPRISE OF OSCEOLA, INC			
Principal Place of Business 3359 West Vine Street, 104 Kissimmee, FL 37414		Mailing Address 3359 West Vine Street, 104 Kissimmee, FL 37414	
2. Principal Place of Business 9306 Barrington Oaks Dr Suite, Apt. #, etc.		3. Mailing Address 9306 Barrington Oaks Dr Suite, Apt. #, etc.	
City & State Dover, FL		City & State Dover, FL	
Zip 33527	Country USA	Zip 33527	Country
4. FEI Number 42-1544985		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		Additional Fee Required <input type="checkbox"/> \$8.75	
6. Name and Address of Current Registered Agent Muhammed Aslam Butt 3359 West Vine Street, Suite 104 Kissimmee, FL 37414		7. Name and Address of New Registered Agent Name Muhammed Aslam Butt Street Address (P.O. Box Number is Not Acceptable) 9306 Barrington Oaks Dr City Dover FL Zip Code 33527	
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 _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		<p style="text-align: center;">FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$350.00 Make Check Payable to Department of State</p>	
10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Muhammad Aslam Butt 3359 West Vine Street, Suite 104 Kissimmee, FL 37414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9306 Barrington Oaks Dr. Dover, FL 33527
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		President 4-16-03 Date Daytime Phone #	

CRE034 (9/99)