

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 30, 2000 08:00 AM
Secretary of State

DOCUMENT # P94000080794

1. Entity Name
TANSON CORPORATION

Principal Place of Business C/O WAY JOSE 7001 N. FEDERAL HWY BOCA RATON 33487 US	FL	Mailing Address C/O WAY JOSE 7001 N. FEDERAL HWY BOCA RATON 33487 US	FL
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2. Principal Place of Business C/O NO WAY JOSE	3. Mailing Address C/O NO WAY JOSE
Suite, Apt. #, etc. 7001 N. FEDERAL HWY	Suite, Apt. #, etc. 7001 N. FEDERAL HWY

City & State BOCA RATON FL	City & State BOCA RATON FL
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4. FEI Number 65-0531363	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip 33487	Country US	Zip 33487	Country US
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THE LAW FIRM OF LAWRENCE J. SPIEGEL, CHART
D/B/A AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES
33134
US **FL**

7. Name and Address of New Registered Agent

Name
YUCAJACK INC.
 Street Address (P.O. Box Number is Not Acceptable)
7001 N. FEDERAL HWY.
 City
BOCA RATON **FL** Zip Code
33487

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 **TED BEUKE** **06/30/2000**
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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANTON ROBERT P C/O CRABBY JACK DEERFIELD BEACH FL 33441	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STANTON ROBERT PMR. 1015 S. FEDERAL HWY. DEERFIELD BEACH FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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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"/> 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: **ROBERT STANTON** **06/30/2000**