

2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2000 8:00 am Secretary of State

05-16-2000 90134 050 ***150.00

DOCUMENT # P97000056955

1. Entity Name

TABL INC.

Principal Place of Business

1705 COLONIAL BLVD SUITE C4 FORT MYERS FL 33907

Mailing Address

4104 HIDDEN ACRES CIR NORTH FT MEYERS FL 33903-7107

2. Principal Place of Business

4104 Hidden Acres Cir.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

N. Fort Myers FL

City & State

Zip Country

33903 USA

4. FEI Number

65-0778761

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BOULTON, JENNIFER 1705 COLONIAL BLVD SUITE C4 FORT MYERS FL 33907

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.

SIGNATURE

Jennifer Boulton

(NOTE: Registered Agent signature required when reinstating)

4/27/00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP B Boulton, Jennifer 1705 Colonial Blvd Ste C-4 Ft Myers FL 33907

TITLE NAME STREET ADDRESS CITY-ST-ZIP [Change] [Addition]

TITLE NAME STREET ADDRESS CITY-ST-ZIP [Delete]

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TITLE NAME STREET ADDRESS CITY-ST-ZIP [Delete]

TITLE NAME STREET ADDRESS CITY-ST-ZIP [Change] [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

Date

Daytime Phone #

4/27/00

995-3244

FILED