

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91526 010 ***150.00

DOCUMENT # **P000000093430**
1. Entity Name
EZTAX.COM, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
161 W. ROBERTSON ST.
Suite, Apt. #, etc.

3. Mailing Address
161 W. ROBERTSON ST.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BRANDON, FL

City & State
BRANDON, FL

4. FEI Number
65-1047749

Applied For
 Not Applicable

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

Zip
33511 Country
USA

Zip
33511 Country
USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CHARLES I. HOLWELL

Street Address (P.O. Box Number is Not Acceptable)
2402 CEDARCREST PL

City
VALRICO FL Zip Code
33594

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | PRESIDENT NICHOLAL LADUCA 3632 CORDGRASS DRIVE VALRICO, FL 33594 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VICE PRESIDENT CHARLES I. HOLWELL 2402 CEDARCREST PL VALRICO, FL 33594 | 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 |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Charles I. Holwell** **CHARLES I. HOLWELL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **VICE PRESIDENT** **4/27/02** **813-654-7766**
Date Daytime Phone #

CR2E034B (12/01)