2002 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supplemental report of the corporation or the receiver or tru changed, or on an attachment with

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SIGNATURE:

May 08, 2002 8:00 am § Secretary of State **DOCUMENT #** P01000053916 1. Entity Name 05-08-2002 90006 035 ***150.00 FAST - TAX, INC. Principal Place of Business Mailing Address 113 N FEDERAL HWY 113 N FEDERAL HWY DANIA BCH FL 33004 DANIA BCH FL 33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-11/1172 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADAMS, GERALD J Street Address (P.O. Box Number is Not Acceptable) 113 N FEDERAL HWY DANIA BCH FL 33004 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition ADAMS, GERALD J II NAME NAME STREET ADDRESS 360 TORCHWOOD AVE STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP TITLE DVS Delete Change ☐ Addition NAME ADAMS, GERALD J SR NAME STREET ADDRESS 360 TORCHWOOD AVE STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP TITLE DT ☐ Delete TITLE Change ☐ Addition NAME ADAMS, MARK NAME STREET ADDRESS 12613 NW 15TH ST STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP TITLE Delete TITLE [7] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP with this ling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ort 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 emporered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied

CR2E034 (9/01)

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