

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2003 8:00 am**  
**Secretary of State**

0028524 AV

DOCUMENT # P02000109096

1. Entity Name  
E-Z TAX SERVICES, INC.



05-19-2003 90226 043 \*\*\*150.00

Principal Place of Business  
6234 ARTHUR DURHAM DRIVE  
JACKSONVILLE FL 32210

Mailing Address  
6234 ARTHUR DURHAM DRIVE  
JACKSONVILLE FL 32210



2. Principal Place of Business  
523 N. ... Ave  
Suite, Apt. #, etc.

3. Mailing Address  
6234 Arthur Durham Dr  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
Jacksonville, FL

City & State  
Jacksonville, FL

Zip  
32208

Country  
Dewal

Zip  
32210

Country  
Dewal

4. FEI Number  
01-0747316

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
MILLETE, CRYSTAL N  
6234 ARTHUR DURHAM DR  
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent  
Name  
Crystal N. Millete  
Street Address (P.O. Box Number is Not Acceptable)  
6234 Arthur Durham Dr  
City  
Jacksonville FL  
Zip Code  
32210

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  
*[Signature]*

DATE  
04/30/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLETE, CRYSTAL N 6234 ARTHUR DURHAM DRIVE JACKSONVILLE FL 32210	<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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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
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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 04/30/03  
DAYTIME PHONE #: (904) 768-7500

CR2E034 (10/02)