

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2001 8:00 am
Secretary of State

0013014 AV

DOCUMENT # P96000008108

1. Entity Name
BEE SQUARE TAX CONSULTATION AND SERVICE, INC.

07-17-2001 90001 041 ***550.00

Principal Place of Business
7130 S ORANGE BLSM TR STE 111
ORLANDO FL 32809

Mailing Address
7130 S ORANGE BLSM TR STE 111
ORLANDO FL 32809

NOV 17 2001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3353345**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COHEN, DAVID S
2345 SAND LAKE ROAD STE 120
ORLANDO FL 32809

Name **DAVID S. COHEN**
 Street Address (P.O. Box Number is Not Acceptable)
5728 MAJON BLVD STE 550
 City **ORLANDO** FL Zip Code **32819**

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 _____ (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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	P BAZENSKY, ROSE 7130 S ORANGE BLSM TR STE 111 ORLANDO FL 32809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAZENSKY, BERNARD 7130 S ORANGE BLSM TRL #111 ORLANDO FL 32809 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: *Bernard Bazensky* **REQUIRE (BERNARD BAZENSKY)** 07/09/01 407/851-4037
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)