

# 2002 UNIFORM BUSINESS REPORT (UBR)

0460383 AV

DOCUMENT # **V41478**

1. Entity Name  
**TAX ANALYSTS ADVISORY SERVICES, INCORPORATED**

**FILED**  
**02 MAR -7 AM 8:51**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**1100 CLEVELAND ST  
SUITE 1104A  
CLEARWATER FL 33755  
US**

Mailing Address  
**P O BOX 3895  
CLEARWATER FL 33767  
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**255 DOKAHWP #PA3**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**CLEARWATER, FL**

City & State

4. FEI Number **59-3127214**

Applied For  
 Not Applicable

Zip **33767** Country **PINELLAS**

Zip Country

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

6. Name and Address of Current Registered Agent  
**GATES, BRYAN E.  
270 SKIFF PT  
B-1  
CLEARWATER FL 33767**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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 Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GATES, BRYAN</b> <b>270 SKIFF POINT, #B-1</b> <b>CLEARWATER FL 33767</b> <input checked="" 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>BRYAN GATES</b> <b>270 SKIFF POINT #B1</b> <b>CLEARWATER, FL 33767</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <b>JEAN H. GATES</b> <b>270 SKIFF POINT #B1</b> <b>CLEARWATER, FL 33767</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>70000510917</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>-03/15/02--01004--019</b> <b>****150.00 ****150.00</b>
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

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: Jean Gates JEAN GATES 3/4/02 (727) 442-2806  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)