

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

02/17/2002 90036'026\*\*\*125'00  
P97000053974

02 MAR 20 PM 4:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000053974

1. Entity Name  
~~ADVANCED ACCOUNTING & TAX SERVICES, INC.~~ *Changed 1/19/02*  
*ADVANCED TAX CENTRE, INC* *N/C (TM)*

Principal Place of Business Mailing Address  
~~1070 S. FISKE BLVD.~~ ~~1070 S. FISKE BLVD.~~  
ROCKLEDGE FL 32955 ROCKLEDGE FL 32955

2. Principal Place of Business 3. Mailing Address  
*3819 MURRELL RD* *3819 MURRELL RD*  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
*SUITE E* *SUITE E*

City & State City & State  
Zip Country Zip Country

4. FEI Number **59-3453092** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**NAFF, JAMES A**  
~~1070 S. FISKE BLVD.~~  
ROCKLEDGE FL 32955

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
*3819 MURRELL RD, SUITE E*  
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

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) ☐

**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	<b>P97D</b> <input type="checkbox"/> Delete
NAME	<b>NAFF, JAMES A</b>
STREET ADDRESS	<del>1070 S. FISKE BLVD.</del>
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>3819 MURRELL RD, SUITE E</i>
CITY-ST-ZIP	
TITLE	<b>VP S D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>EDITH A. SHROLL</i>
STREET ADDRESS	<i>3819 MURRELL RD, SUITE E</i>
CITY-ST-ZIP	<i>ROCKLEDGE, FL 32955</i>
TITLE	<b>VP T D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>EDWARD F. CHAMBERS</i>
STREET ADDRESS	<i>3819 MURRELL RD, SUITE E</i>
CITY-ST-ZIP	<i>ROCKLEDGE, FL 32955</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/22/02*  
Date

*321-636-8561*  
Daytime Phone #

CR2E034 (9/01)