2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31530

1. Entity Name

TAX CERTIFICATES, LTD.

Principal Place of Business	Mailing Address
P.O. BOX 3026 VERO BEACH FL 32963	P.O. BOX 3026 VERO BEACH FL 32963

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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** 65-0262136	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

BALD, KARL-HEINZ
29 SAILFISH RD.
VERO BEACH FL 32964

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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

8/3/00
DATE

9. Capital Contributions as Shown on record.	$5,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # S41096 NAME VIS-DATEX, INC. STREET ADDRESS 29 SAILFISH RD. CITY-ST-ZIP VERO BEACH FL	STREET ADDRESS CITY-ST-ZIP	400003350034 7 -08/15/00--01064--016 ****150.00 ****150.00
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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/3/00
Date   Daytime Phone #