

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 16, 2001 08:00 AM****Secretary of State****DOCUMENT # F00000000032**1. Entity Name
TAXADVANTAGE MORTGAGE SERVICES, INC.

Principal Place of Business

11111 W. 95TH ST., #202

OVERLAND PARK
66214

KS

Mailing Address

11111 W. 95TH ST., #202

OVERLAND PARK
66214

KS

2. Principal Place of Business

8833 STATE AVE

3. Mailing Address

8833 STATE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

KANSAS

KS

City & State

KANSAS CITY

KS

Zip

66112

Country

Zip

66112

Country

4. FEI Number

48-1160283

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BELL MARTHA
3500 S. FLORIDA AVE., #5LAKELAND
338034869

FL

US

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 **07/16/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VS	<input type="checkbox"/> Delete
NAME	WALKER KELLY	
STREET ADDRESS	12348 MERION DR	
CITY-ST-ZIP	KANSAS CITY KS 66109	
TITLE	PT	<input type="checkbox"/> Delete
NAME	WALKER MELISSA L	
STREET ADDRESS	12348 MERION DR	
CITY-ST-ZIP	KANSAS CITY KS 66109	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Melissa L. Walker

PT

07/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)