

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F00000000032

FILED
Feb 21, 2002 8:00 AM
Secretary of State

Entity Name: TAXADVANTAGE MORTGAGE SERVICES, INC.

Current Principal Place of Business:

8833 STATE AVE
KANSAS, KS 66112

New Principal Place of Business:

Current Mailing Address:

8833 STATE AVE
KANSAS CITY, KS 66112

New Mailing Address:

FEI Number: 48-1160283

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: WALKER, MELISSA L
Address: 12348 MERION DR
City-St-Zip: KANSAS CITY, KS 66109

Title: VS () Delete
Name: WALKER, KELLY
Address: 12348 MERION DR
City-St-Zip: KANSAS CITY, KS 66109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELISSA L WALKER

PT

02/21/2002

Electronic Signature of Signing Officer or Director

Date