

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVAL  
AND  
FILED

DOCUMENT # F96000002111

1. Entity Name  
**TAXACQ, INC.**



03 JUN 25 PM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
~~3950 RCA BLVD.~~ ~~3950 RCA BLVD.~~  
~~SUITE 5001~~ ~~SUITE 5001~~  
~~PALM BEACH GARDENS, FL 33410~~ ~~PALM BEACH GARDENS, FL 33410~~  
~~3960 RCA Blvd. Suite 6002~~ ~~3960 RCA Blvd. Suite 6002~~  
~~Palm Beach Gardens, 33410~~ ~~Palm Beach Gardens, 33410~~  
2. Principal Place of Business 3. Mailing Address



☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc. Suite, Apt. #, etc.  
City & State City & State  
Zip Country Zip Country  
4. FEI Number **75-2619490** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
CT CORPORATION  
1200 S PINES ISLAND RD  
SUITE 105  
PLANTATION, FL 33324  
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WERTHEIM, RAM D 113 KING ST ARMONK, NY 10504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>900021132329</b> <b>06/25/03--01030--016 **550.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CULLEN, PAULLINE M 113 KING ST ARMONK, NY 10504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUDNICK, NEIL G 113 KING ST ARMONK, NY 10504 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WENTWORTH, BRUCE R 2 CORPORATE DRIVE 3RD FLOOR SHELTON, CT 06848 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUNDERSEN, GEORGE 3950 RCA BLVD #5001 PALM BEACH GARDENS, FL 33410 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce R. Wentworth  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(866) 279-6428  
6/13/03

Date Daytime Phone #

CR2E034 (10/02)