

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

03 JUN 25 PM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000002192

1. Entity Name
DH TAX, INC.



Principal Place of Business

~~3950 RCA BLVD.~~
~~SUITE 5001~~
~~PALM BEACH GARDENS, FL 33410~~
~~3960 RCA Blvd. Suite 6002~~
~~Palm Beach Gardens, 33410~~

Mailing Address

~~3950 RCA BLVD.~~
~~SUITE 5001~~
~~PALM BEACH GARDENS, FL 33410~~
~~3960 RCA Blvd. Suite 6002~~
~~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

4. FEI Number

75-2648048

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

7. Name and Address of New Registered Agent

CT CORPORATION CENTER SYSTEM
1200 S PINE ISLAND RD
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's 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

TITLE	D	<input type="checkbox"/> Delete
NAME	WERTHEIM, RAM	
STREET ADDRESS	113 KING STREET	
CITY-ST-ZIP	ARMONK, NY 10504	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUDNICK, NEIL G	
STREET ADDRESS	113 KING STREET	
CITY-ST-ZIP	ARMONK, NY 10504	
TITLE	SP	<input type="checkbox"/> Delete
NAME	WENTWORTH, BRUCE R	
STREET ADDRESS	2 CORPORATE DR 3RD FLOOR	
CITY-ST-ZIP	SHELTON, CT 06848	
TITLE	D	<input type="checkbox"/> Delete
NAME	CULLEN, PAULINE M	
STREET ADDRESS	113 KING STREET	
CITY-ST-ZIP	ARMONK, NY 10504	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GUNDERSON, GEORGE	
STREET ADDRESS	3960 RCA BLVD, STE 5001	
CITY-ST-ZIP	WEST PALM BEACH, FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	100021132481
CITY-ST-ZIP	06/25/03--01030--021 **\$50.00
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	
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	

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.

Bruce R. Wentworth, President

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)