

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90028 007 ***150.00

DOCUMENT # F99000000044

1. Entity Name

TAXOLOG, INC.

Principal Place of Business

Mailing Address

8500 E. SAHUARO DR.
SCOTTSDALE AZ 85260-5330

8500 E. SAHUARO DR.
SCOTTSDALE AZ 85260-5330

2. Principal Place of Business

3. Mailing Address

10 Industrial Road

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Do not change

City & State

City & State

Fairfield, NJ

Zip

Country

Zip

Country

07004

USA

4. FEI Number

22-3583208

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

**HOLTON, ROBERT A
DEPT. OF CHEMISTRY,
FLORIDA STATE UNIVERSITY
TALLAHASSEE FL 32306**

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)

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> Delete
NAME	METTS, LEWIS L	
STREET ADDRESS	2001 RT 46 - STE 310	
CITY-ST-ZIP	PARSIPPANY NJ	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HARRISON, RICHARD A	
STREET ADDRESS	8500 E SAHUARO DR.	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLTON, ROBERT A	
STREET ADDRESS	DEPT. OF CHEMISTRY, FLORIDA STATE UNIVER	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOERIG, GERRY	
STREET ADDRESS	9420 OWL LANE	
CITY-ST-ZIP	BOULDER CO	
TITLE	D	<input type="checkbox"/> Delete
NAME	KESTERSON, JAMES W	
STREET ADDRESS	7407 TRAILS END	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	10 Industrial Road	
CITY-ST-ZIP	Fairfield, NJ 07004	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS	N 9633 North Coop Road	
CITY-ST-ZIP	Appleton, WI 54915-9337	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:

Richard A. Harrison, Secy 1/6/00 480 922 9199

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #