

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000044

1. Entity Name

TAXOLOG, INC.

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90186 017 ***150.00

Principal Place of Business

10 INDUSTRIAL RD
FAIRFIELD NJ 07004

Mailing Address

8500 E. SAHUARO DR.
SCOTTSDALE AZ 85260-5330

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	METTS, LEWIS L	
STREET ADDRESS	10 INDUSTRIAL RD	
CITY-ST-ZIP	FAIRFIELD NJ 07004	
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	N9633 N. COOP RD	
CITY-ST-ZIP	APPLETON WI 54915-9337	
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		

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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Harrison 1/20/01 480 922 9199

Date

Daytime Phone #

CR2E034 (10/00)