

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90004 020 \*\*\*150.00

0614290 AT

**DOCUMENT # F99000000044**

1. Entity Name

**TAXOLOG, INC.**

Principal Place of Business

**10 INDUSTRIAL RD  
 FAIRFIELD NJ 07004**

Mailing Address

→ c/o Harrison CPA & Consulting, P.C.  
 8500 E. SAHUARO DR.  
 SCOTTSDALE AZ 85260-5330

2. Principal Place of Business

3. Mailing Address

c/o Harrison CPA & Consulting  
 Suite, Apt. #, etc.  
 8500 E. Sahuaro Dr.

Suite, Apt. #, etc.

City & State

City & State

Scottsdale AZ

Zip

Country

Zip

Country

85260-5330

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, 2002 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PCD  
 METTS, LEWIS L  
 10 INDUSTRIAL RD  
 FAIRFIELD NJ 07004** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 Clifford R. Hinkle  
 P.O. Box 351  
 Tallahassee, FL 32302** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**STD  
 HARRISON, RICHARD A  
 8500 E SAHUARO DR.  
 SCOTTSDALE AZ 85260** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 William A. Scott  
 1021 Creamery Road  
 Newtown, PA 18940** ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 HOLTON, ROBERT A  
 DEPT. OF CHEMISTRY, FLORIDA STATE UNIVER  
 TALLAHASSEE FL 32306** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 HOERIG, GERRY  
 N9633 N. COOP RD  
 APPLETON WI 54915-9337** ☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D  
 KESTERSON, JAMES W  
 7407 TRAILS END  
 JACKSONVILLE FL 32277** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Harrison**

Date

**4/20/02**

Daytime Phone #

**480 922 9199**

CR2E034 (9/01)