

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90280 046 ***150.00

DOCUMENT # F99000000044

1. Entity Name
TAXOLOG, INC.



Principal Place of Business
**10 INDUSTRIAL RD
FAIRFIELD NJ 07004**

Mailing Address
**C/O HARRISON CPA & CONSULTING
8500 E SAHUERA DR
SCOTTSDALE AZ 85260-5330**

2. Principal Place of Business

3. Mailing Address

c/o Harrison CPA & Consulting, P.C.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 7125

City & State

City & State

Cave Creek AZ

Zip

Country

Zip

Country

85327

USA

4. FEI Number **22-3583208**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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. 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	PCD METTS, LEWIS L 10 INDUSTRIAL RD FAIRFIELD NJ 07004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HARRISON, RICHARD A 8500 E SAHUARO DR. SCOTTSDALE AZ 85260	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTON, ROBERT A DEPT. OF CHEMISTRY, FLORIDA STATE UNIVER TALLAHASSEE FL 32306	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINKLE, CLIFFORD R P.O. BOX 351 TALLAHASSEE FL 32302	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESTERSON, JAMES W 7407 TRAILS END JACKSONVILLE FL 32277	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, WILLIAM A 1021 CREAMERY ROAD NEWTOWN PA 18940	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**P.O. Box 7125
Cave Creek, AZ 85327**

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:

Richard A. Harrison
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/31/03

4849229199

CR2E034 (10/02)