

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91886 007 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G30852			
1. Entity Name TAX PLUS SOLUTIONS, INC.			
Principal Place of Business 5012 W US HWY 90 LAKE CITY, FL 32055 US		Mailing Address 5012 W US HWY 90 LAKE CITY, FL 32055 US	
2. Principal Place of Business 4158 W US HWY 90 Suite, Apt. #, etc.		3. Mailing Address 4158 W US HWY 90 Suite, Apt. #, etc.	
City & State LAKE CITY, FL		City & State LAKE CITY, FL	
Zip 32055	Country USA	Zip 32055	Country USA
4. FEI Number 59-2267608		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUENCHEN, JOHN R. 5012 W US HWY 90 LAKE CITY, FL 32055		7. Name and Address of New Registered Agent MUENCHEN, JOHN R. Street Address (P.O. Box Number is Not Acceptable) 4158 W US HWY 90 City LAKE CITY FL Zip Code 32055	
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 <i>John R. Muenchen</i> DATE 4/30/03 (Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when resigning.)			
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	DP MUENCHEN, JOHN R 903 PERRY ST LAKE CITY, FL 32055 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MUENCHEN, JOHN R 4158 W US HWY 90 LAKE CITY, FL 32055 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINK, DEBORAH 20 BISCAYNE BLVD LAKE CITY, FL 32025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRINK, DEBORAH 854 SW BISCAYNE BLVD LAKE CITY, FL 32025 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: <i>John R. Muenchen</i>		SIGNATURE: <i>John R. Muenchen</i> DATE 4/30/03 (386) 755-0877	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

90129294



☒ CHECK HERE IF MAKING CHANGES

CR20034 (10/02)