

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90249 031 ***150.00

DOCUMENT # J10342

1. Entity Name
TOTAL TAX ACCOUNTING, INC.



Principal Place of Business
STE-112- RUSCH PLAZA- N-DALE-MABRY-
P O BOX 881
LUTZ FL 33549-7881

Mailing Address
STE-112- RUSCH PLAZA- N-DALE-MABRY-
P O BOX 881
LUTZ FL 33549-7881

2. Principal Place of Business
1628 N. Dale Mabrey
Suite, Apt. #, etc.
Suite 112

3. Mailing Address
P.O. Box 881
Suite, Apt. #, etc.

City & State
Lutz, FL 33549
Zip
33549

City & State
Lutz, FL
Zip
FL

4. FEI Number **59-2701578**

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

HIXSON, ROBERT W.
23233 CLUB VILLAS DR
LAND O LAKES FL 34639

7. Name and Address of New Registered Agent

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> Delete
NAME	HILL, J. MCGILL	
STREET ADDRESS	23233 CLUB VILLA DR.	
CITY-ST-ZIP	LAND O LAKES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, J. MCGILL	
STREET ADDRESS	23233 CLUB VILLA DR.	
CITY-ST-ZIP	LAND O LAKES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HIXSON, ROBERT W.	
STREET ADDRESS	23233 CLUB VILLAS DR	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	D	<input type="checkbox"/> Delete
NAME	HIXSON, ROBERT W	
STREET ADDRESS	23233 CLUB VILLAS DR	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bruce Hixson	
STREET ADDRESS	P.O. Box 715	
CITY-ST-ZIP	Lutz, FL 33549-0715	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **DATE:** **2-3-03** **DAYTIME PHONE #:** **(813) 949-4441**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)