

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # K98410

1. Entity Name
ELECTRONIC TAX CONSULTANTS AND INSURANCE, INC.

Principal Place of Business 1740 NW 27 AVE OPA LOCKA FL 33056	Mailing Address % BRANNOCK RUDD 18615 N.W. 22ND CT. MIAMI FL 330563214
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 12918 SW 26 STREET Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MIRAMAR FL	City & State MIRAMAR FL
Zip 33027	Country

4. FEI Number 65-0187702	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUDD, BRANNOCK
18615 N.W. 22ND CT.

MIAMI FL 33055 US

7. Name and Address of New Registered Agent

Name
RUDD BRANNOCK KPRES

Street Address (P.O. Box Number is Not Acceptable)
12918 SW 26 STREET

City
MIRAMAR FL Zip Code
33027

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 **BRANNOCK K. RUDD** DATE **04/27/2001**

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	
TITLE D	<input type="checkbox"/> Delete
NAME RUDD, BRANNOCK	
STREET ADDRESS 18615 N.W. 22ND CT.	
CITY-ST-ZIP MIAMI FL	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RUDD BRANNOCK KPRES	
STREET ADDRESS 12918 SW 26 STREET	
CITY-ST-ZIP MIRAMAR FL 33027	
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	

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: **Brannock K. Rudd** Pres Date **04/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)