

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90037 006 \*\*\*\*50.00

**DOCUMENT # L00000007214**

1. Entity Name  
**TAXADVANTAGE OF LAKELAND, LLC**



**946545**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **3500 S. FLORIDA AVENUE. NO. 5 LAKELAND FL 33803**  
 Mailing Address: **3500 S. FLORIDA AVENUE. NO. 5 LAKELAND FL 33803**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **65-1020733** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BELL, MARTHA**  
**3500 S. FLORIDA AVENUE, NO. 5**  
**LAKELAND FL 33803**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>BELL, MARTHA</b>	
STREET ADDRESS	<b>3500 S FLORIDA AVE #5</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	
TITLE	<b>M</b>	<input type="checkbox"/> Delete
NAME	<b>BELL, JERRY TERRY</b>	
STREET ADDRESS	<b>4736 SOUTHWOOD LANE</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
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		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, TERRY</b>	
STREET ADDRESS	<b>(CORRECTION)</b>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARTHA BELL **MARTHA BELL** 1/8/01 (863) 647 3112  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

UBR / 050 CR2E083 (9/01)