

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014092

1. Entity Name

AMERICAN TAX CONSULTANTS OF FLORIDA, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 NOV 26 PM 4:14

Principal Place of Business

9770 NORTH APPLEGATE ROAD  
P.O. BOX 689  
GRANTS PASS OR 97527

Mailing Address

9770 NORTH APPLEGATE ROAD  
P.O. BOX 689  
GRANTS PASS OR 97527

2. Principal Place of Business

10890 Bells Flats Rd

3. Mailing Address

P.O. Box 1667

Suite, Apt. #, etc.

P.O. Box 1667

City & State

Kodiak, Alaska

Zip

99615

Country

USA

City & State

Kodiak, Alaska

Zip

99615

Country

USA

4. FEI Number

98-0349434

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Name

LANSING, JOEY K

1275 JOHNS CIRCLE

MERRITT ISLAND FL 32953

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/19/01

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

800004724818--4  
-12/13/01--01061--014  
\*\*\*\*\*100.00 \*\*\*\*\*100.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

Owner Mary M  
J. Scott Roberts  
10890 Bells Flats Rd.  
Kodiak Alaska 99615

☐ Change ☒ Addition

800004724818--4  
-12/13/01--01061--015  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

☐ Change ☐ Addition

Rein 100  
CBR 50  
150 up

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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: *[Signature]* REQUIRED

10/1/2001 907-487-0800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

0010350

CR2E083 (5/01)