

# 2002 UNIFORM BUSINESS REPORT (UBR)

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08-25-2002 90200 030 \*\*\*50.00  
FILED 00017758

DOCUMENT # L01000017758

1. Entity Name

ADVANCED CENTER FOR TAX, L.L.C.

02 SEP -6 PM 2: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <del>1070 SOUTH FISKE BLVD.</del> ROCKLEDGE FL 32955		Mailing Address <del>1070 SOUTH FISKE BLVD.</del> ROCKLEDGE FL 32955	
2. Principal Place of Business 3819 MURRELL Rd Suite, Apt. #, etc. SUITE E City & State		3. Mailing Address 3819 MURRELL Rd Suite, Apt. #, etc. SUITE E City & State	
Zip	Country	Zip	Country
4. FEI Number NONE - (Initials)		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NAFF, JAMES A <del>1070 SOUTH FISKE BLVD.</del> ROCKLEDGE FL 32955		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3819 MURRELL Road, SUITE E 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<p><b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Department of State</b>  <b>Due By September 25, 2002</b></p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NONE - Not doing Business Inactive			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Member JAMES A. NAFF 3819 MURRELL RD STE E Rockledge, FL 32955	<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>SIGNATURE/RECEIVED</u>		Date <u>9/23/02</u> 321-636-8561	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	

CR2E083 (4/02)