

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90162 050 ***150.00

DOCUMENT # L45937

1. Entity Name
1040 TAX SERVICE, INC.

Principal Place of Business

% ANTHONY J. MONACO

~~76 CAMP AVE~~
DARIEN CT 06820

Mailing Address

% ANTHONY J. MONACO

~~76 CAMP AVE~~
DARIEN CT 06820

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5016 BARNSTEERLE CT

City & State
OKLAHOMA CITY, OK

Zip
73142

Country
USA

Suite, Apt. #, etc.

5016 BARNSTEERLE CT

City & State
OKLAHOMA CITY OK

Zip
73142

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2995185

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MONACO ANTHONY J.~~
12600 GATEWAY BLVD
FORT MYERS FL 33913

Name
MONACO, Christine A

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

12600 GATEWAY BLVD

City
FORT MYERS

FL

Zip Code
33911-3

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 **Christine A. Monaco**
 Signature, typed or printed name of registered agent and title if applicable.

Christine A. Monaco

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MONACO, ANTHONY J.	
STREET ADDRESS	12600 GATEWAY BLVD	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONACO, CHRISTINE A.	
STREET ADDRESS	12600 GATEWAY BLVD	
CITY-ST-ZIP	FORT MYERS FL 33913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: **Christine A. Monaco**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02
 Date

405-752-2229
 Daytime Phone #

CR2E034 (9/01)