

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90004 014 ***150.00

UN04821

DOCUMENT # L47057

1. Entity Name
SIR TAX SERVICES, INC.

Principal Place of Business

Mailing Address

~~1000 TYLER ST~~
~~HOLLYWOOD FL 33020 4518~~
~~US~~

~~1000 TYLER ST~~
~~HOLLYWOOD FL 33020 4518~~
~~US~~

927770

2. Principal Place of Business

3. Mailing Address

801 SOUTH FEDERAL Highway
 Suite, Apt. #, etc.

801 SOUTH FEDERAL Highway
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Hollywood, Florida

Hollywood, Florida

4. FEI Number **65-0165038**

Applied For
 Not Applicable

Zip **33020-5437** Country

Zip **33020-5437** Country

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

CROSS, R. KEVIN
1930 TYLER ST
HOLLYWOOD FL 33020

Name **R. KEVIN CROSS, EA**
 Street Address (P.O. Box Number is Not Acceptable)
801 SOUTH FEDERAL Highway
 City **Hollywood** **FL** Zip Code **33020-5437**

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 **R. Kevin Cross** **1/15/2001**
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	CROSS, R. KEVIN	
STREET ADDRESS	1510 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	S	<input type="checkbox"/> Delete
NAME	CROSS, STEPHANIE J	
STREET ADDRESS	1510 WASHINGTON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	S	<input type="checkbox"/> Delete
NAME	CROSS, MARGARET K	
STREET ADDRESS	1028 TYLER ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	VP	<input type="checkbox"/> Delete
NAME	STEVEN R. DANIELSON	
STREET ADDRESS	3812 GRANT STREET	
CITY-ST-ZIP	HOLLYWOOD, FLORIDA 33020	
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"/> 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		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP STEVEN R. DANIELSON, VP	
STREET ADDRESS	3812 GRANT STREET	
CITY-ST-ZIP	Hollywood, Florida 33020	
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: **R. Kevin Cross, CEO** **1/15/2001** **954-922-1903**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)