

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000003269**1. Entity Name
TAXNET, INC.

Principal Place of Business

4429 W HILLSBOROUGH AVE

TAMPA
33614

FL

Mailing Address

4429 W HILLSBOROUGH AVE

TAMPA
33614

FL

2. Principal Place of Business

4327 W KENNEDY BLVD

3. Mailing Address

4327 W KENNEDY BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA

FL

City & State

TAMPA

FL

4. FEI Number

59-3635093

Applied For

Not Applicable

Zip

33609

Country

Zip

33609

Country

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

LOPEZ ERNEST
4429 W HILLSBOROUGH AVETAMPA
33614

FL

7. Name and Address of New Registered Agent

Name

LOPEZ ERNEST

Street Address (P.O. Box Number is Not Acceptable)
4327 W KENNEDY BLVDCity
TAMPA

FL

Zip Code
33609

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)

04/26/2001

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

TITLE D ☐ Delete
NAME LOPEZ SARA R
STREET ADDRESS 4429 W HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL 33614TITLE D ☐ Delete
NAME LOPEZ ERNEST
STREET ADDRESS 4429 W HILLSBOROUGH AVE
CITY-ST-ZIP TAMPA FL 33614TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition
NAME LOPEZ SARA R
STREET ADDRESS 4327 W KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33609TITLE D ☒ Change ☐ Addition
NAME LOPEZ ERNEST
STREET ADDRESS 4327 W KENNEDY BLVD
CITY-ST-ZIP TAMPA FL 33609TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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: Ernest Lopez

P

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)