FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91437 013 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000018716

1. Entity Name
TAX MANAGEMENT CORP.

Principal Place of Business
~~9016 VILLA PORTOFINO CIRCLE~~
~~BOCA RATON, FL 33496~~

Mailing Address
~~9016 VILLA PORTOFINO CIRCLE~~
~~BOCA RATON, FL 33496~~

2. Principal Place of Business	3. Mailing Address
19143 SkyRidge Circle	19143 SkyRidge Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton FL	City & State: Boca Raton, FL
Zip: 33498 Country: PBC	Zip: 33498 Country: PBC

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0983158 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALERNO, ANTHONY V
~~9016 VILLA PORTOFINO CIRCLE~~
~~BOCA RATON, FL 33496~~

7. Name and Address of New Registered Agent

Name: TAX MANAGEMENT CORP.
Street Address (P.O. Box Number is Not Acceptable): 19143 SkyRidge Circle
City: Boca Raton, FL FL Zip Code: 33498

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: [signature] 4/15/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SALERNO, ANTHONY V ~~9016 VILLA PORTOFINO CIRCLE~~ ~~BOCA RATON, FL 33496~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P-CEO SALERNO, ANTHONY V. 19143 Sky Ridge Circle Boca Raton, FL 33498	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ ~~SALERNO, VINCENZO~~ ~~9016 VILLA PORTOFINO CIRCLE~~ ~~BOCA RATON, FL 33496~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Anthony V. Salerno PRES. CEO 4/15/03 (561) 218-9323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #