

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90123 003 ***150.00

DOCUMENT # P00000025221

1. Entity Name
CINTAX FINANCIAL, INC.

Principal Place of Business Mailing Address
12512 CORRINE AVE. 12512 CORRINE AVE.
SPRING HILL FL 34609 SPRING HILL FL 34609

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3629462**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

ELDREDGE, JAMES A
12512 CORRINE AVE.
SPRING HILL FL 34609

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

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, 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

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
PS ELDREDGE, JAMES A
12512 CORRINE AVE.
SPRING HILL FL 34609 ☐ Delete

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
VT ELDREDGE, LORINDA C
12512 CORRINE AVE.
SPRING HILL FL 34609 ☐ Delete

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP ☐ Delete

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP ☐ Delete

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP ☐ Delete

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP ☒ Change ☐ Addition **D/P/S**

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP ☒ Change ☐ Addition **D/H/T**

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP ☐ Change ☐ Addition

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP ☐ Change ☐ Addition

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP ☐ Change ☐ Addition

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED ELDREDGE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 352-688-8619
 Date Daytime Phone #

CR2E034 (9/01)