


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91457 019 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044124 1. Entity Name Ameritax Payroll Services	
--	---

90113586

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 17410 US 41 N. Suite, Apt. #, etc.	3. Mailing Address 17410 US 41 N. Suite, Apt. #, etc.
--	--

DO NOT WRITE IN THIS SPACE

City & State Lutz, FL	City & State Lutz, FL	4. FEI Number 59-3640843	Applied For Not Applicable
Zip 33558	Country Hillsborough	Zip 33558	Country Hillsborough

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

7. Name and Address of Current Registered Agent

Name
Jose A. Diaz

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

17410 US 41 N.

City
Lutz

FL **Zip Code**
33558

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE PD NAME Jose A. Diaz STREET ADDRESS 17410 US 41 N. Lutz, FL 33558 CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE VSTD NAME Caridad G. Diaz STREET ADDRESS 17410 US 41 N. Lutz, FL 33558 CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)