

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91455 044 ***150.00

DOCUMENT # P0000069540

1. Entity Name
TAX OFFICE, INC.



Principal Place of Business
**1013 LUCERNE AVE #12
LAKE WORTH, FL 33460**

Mailing Address
**887 W. PERRY ST
LAKE WORTH, FL 33462**

2. Principal Place of Business

3. Mailing Address

1013 Lucerne Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12

City & State

City & State
Lake Worth FL

4. FEI Number

65-1025995

Applied For:

Not Applicable

Zip

Country

Zip

Country

33460

USA

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AHO, BARBARA
887 W. PERRY ST
LAKE WORTH, FL 33462**

Name

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

1013 Lucerne Ave #12

City

Lake Worth

FL

Zip Code

33460

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

Barbara Aho

B. Aho

5-1-3

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 ☐ Delete
D
NAME **AHO, BARBARA**
STREET ADDRESS **887 W. PERRY ST**
CITY-STATE-ZIP **LAKE WORTH, FL 33462**

TITLE ☒ Change ☐ Addition
NAME **Aho, Barbara**
STREET ADDRESS **1077 SW 27th PL**
CITY-STATE-ZIP **Boynton Beach, FL 33426**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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:

Barbara Aho
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Aho

5-1-3

Date

561-547-9950

Daytime Phone #

CH21034 (10/02)