

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State
 05-01-2001 90006 019 ***150.00

DOCUMENT # P00000072056

1. Entity Name
TAXPROUSA.COM, INC.

Principal Place of Business

**18633 SAN RIO CIRCLE
 LUTZ FL 33549**

Mailing Address

**18633 SAN RIO CIRCLE
 LUTZ FL 33549**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 412

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LAND OF LAKES

City & State

City & State

FLORIDA

Zip

Country

Zip

34639

Country

4. FEI Number

59-366-2311

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	LIGERI, JOSEPH	
STREET ADDRESS	18633 SAN RIO CIRCLE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	T	<input type="checkbox"/> Delete
NAME	LIGERI, BENJAMIN	
STREET ADDRESS	18633 SAN RIO CIRCLE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSUIT LIGERI

Date

4/4/2001

Daytime Phone #

813-949-7259

407-578-6988

CR2E034 (10/00)