2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 18, 2001 8:00 am
Secretary of State
04-26-2001 90023 012 ***150.00

DOCUMENT # P00000090810

1. Entity Name
AMERITAX VERIFICATION SERVICES, INC.

Principal Place of Business	Mailing Address
11400 NW 56TH DRIVE #110 CORAL SPRINGS FL 33076	11400 NW 56TH DRIVE #110 CORAL SPRINGS FL 33076

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3261 Montgomery Drive Suite, Apt. #, etc.	3261 Montgomery Drive Suite, Apt. #, etc.
City & State: Port Charlotte, Florida	City & State: Port Charlotte, Florida
Zip: 33981 Country: U.S.	Zip: 33981 Country: U.S.

4. FEI Number ☒ 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
ROSSI, ROCKEY L 11400 NW 56TH DRIVE #110 CORAL SPRINGS FL 33076	Name: Rockey L. Rossi Street Address (P.O. Box Number is Not Acceptable) 3261 Montgomery Drive City: Port Charlotte FLA Zip Code: 33981

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: Rockey L. Rossi — Signature, typed or printed name of registered agent and title if applicable — Rocky L. Rossi (NOTE: Registered Agent's signature required when reinstating) — 4-19-01 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Silvia Rossi 3261 Montgomery Drive Vice Port Charlotte, FL 33981 President	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Angela Mayorga 15329 79th AVE Apt 1A Flushing, NY 11367 Secretary	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Rockey Rossi 3261 Montgomery Drive Port Charlotte, FL 33981 President	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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: Rocky L Rossi — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4-19-01 Date — 941-828-8832 Daytime Phone #