FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 04, 2002 8:00 am Secretary of State DOCUMENT # P01000018452 1. Entity Name 02-04-2002 90033 035 ***158.75 DAN THE TAX! MAN INC. Principal Place of Business Mailing Address PO BOX 435 PO BOX 435 ANTHONY FL 32617 ANTHONY FL 32617 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3688785 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEER, DANIEL SCOTT Street Address (P.O. Box Number is Not Acceptable) 5300 NE 153RD PL. RD. **CITRA FL 32113** Zip Code FL 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, typed or printed name of registe FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State П OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE TITLE ☐ Change ☐ Addition ☐ Delete SCOTT, DANIEL NAME **PO BOX 435** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ANTHONY FL 32617 CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ____ Change ____ Addition TITLE Délete -111LE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY~ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the corporation or the rece changed, or on an attachmen

SIGNATURE: