

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State
 05-27-2002 90300 047 ***158.75

DOCUMENT # P01000051959

1. Entity Name

TAX ACQUISITION GROUP, INC.

Principal Place of Business

**2411 HOLLYWOOD BLVD.
 HOLLYWOOD FL 33020**

Mailing Address

**2411 HOLLYWOOD BLVD.
 HOLLYWOOD FL 33020**

2. Principal Place of Business

3. Mailing Address

3601 W COMMERCIAL BLVD

3601 W COMMERCIAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#39

#39

City & State

City & State

FT LAUDERDALE, FL

FT LAUDERDALE, FL

Zip

Country

Zip

Country

33309

33309

6. Name and Address of Current Registered Agent

**SHIENVOLD, MICHAEL PAUL
 2411 HOLLYWOOD BLVD.
 HOLLYWOOD FL 33020**

7. Name and Address of New Registered Agent

Name

SHIENVOLD, MICHAEL PAUL

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

3601 W COMMERCIAL BLVD #39

City

FT LAUDERDALE

FL

Zip Code

33309

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, 2002 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	D/P	<input type="checkbox"/> Delete
NAME	SHIENVOLD, MICHAEL PAUL	
STREET ADDRESS	2411 HOLLYWOOD BLVD.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL SHIENVOLD	
STREET ADDRESS	3601 W COMMERCIAL BLVD #39	
CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLAN B DOMBROW	
STREET ADDRESS	3601 W COMMERCIAL BLVD #39	
CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Michael Paul Shienvold
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

954-777-0252

Daytime Phone # **X333**

CR2E034 (9/01)