FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT 29 PM 4:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000068167

1. Entity Name
BLOCKTAX ACCOUNTING. INC

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3652 N. ANDREWS AVE	3652 N. ANDREWS AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FORT. LAUD, FL	City & State: FORT. LAUD. FL
Zip: 33309 Country:	Zip: 33309 Country:

4. FEI Number: 65-1126305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: MICHAEL BLOCK

Street Address (P.O. Box Number is Not Acceptable): 3652 N ANDREWS AVE

City: FORT LAUD. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE: PRESIDENT NAME: MICHAEL BLOCK STREET ADDRESS: 3652 N ANDREWS AVE CITY-ST-ZIP: FT.LAUD FL 33309	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Block 10-24-03 954-566-7540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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