2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003
Secretary of State

DOCUMENT# P01000069946

Entity Name: TAXPRO BUSINESS CONSULTANTS, INC.

Current Principal Place of Business:

1645 NW 129TH STREET
N. MIAMI, FL 33167

New Principal Place of Business:

14750 NW 7TH AVENUE
MIAMI, FL 33168

Current Mailing Address:

P.O. BOX 590326
TAMARAC, FL 33359

New Mailing Address:

14750 NW 7TH AVENUE
MIAMI, FL 33168

FEI Number: 65-1121301 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DORVIL, ANN S
1645 NW 129TH STREET
N. MIAMI, FL 33167

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HALEY, PAMELA
Address: P.O. BOX 590326
City-St-Zip: TAMARAC, FL 33359

Title: D ( ) Delete
Name: DORVIL, JOSEPH G
Address: 1645 NW 129TH STREET
City-St-Zip: N. MIAMI, FL 33167

Title: D ( ) Delete
Name: DORVIL, ANN SENDY
Address: P.O. BOX 590326
City-St-Zip: TAMARAC, FL 33359

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DORVIL, LYNN K
Address: 1646 NW 129TH STREET
City-St-Zip: NORTH MIAMI, FL 33167

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: DORVIL, ANN SENDY
Address: 1645 NW 129TH STREET
City-St-Zip: NORTH MIAMI, FL 33167

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN K. DORVIL P 04/30/2003

Electronic Signature of Signing Officer or Director — Date