

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91163 001 ***150.00

DOCUMENT # P01000091560

1. Entity Name
PAYLESS TAX SERVICE OF SOUTH FLORIDA, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5350 SW 21 COURT
Suite, Apt. #, etc.

3. Mailing Address
5350 SW 21 COURT
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PLANTATION, FL FLORIDA

City & State
PLANTATION, FL FLORIDA

4. FEI Number
65-1140512

Applied For
Not Applicable

Zip
33317

Country
USA

Zip
33317

Country
USA

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
ALVIN L. HAGERICH
Street Address (P.O. Box Number is Not Acceptable)
5350 SW 21 COURT

City
PLANTATION FL Zip Code
33317

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]

Alvin L. Hagerich

4/30/02

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) ☐

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PVT
ALVIN L. HAGERICH
5350 SW 21 COURT
PLANTATION, FL 33317

TITLE
NAME
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CITY - ST - ZIP

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IN THIS SPACE**

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

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

954-922-2219

Date

Daytime Phone #

CR2E034B (12/01)