

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90451 044 ***150.00

DOCUMENT # P010000103501 ✓

1. Entity Name

DirectTax Service of North Florida Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1726 N. Main St

3. Mailing Address

1726 N. Main St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jax, FLA

City & State

Jax FL

Zip

32206

Country

USA

Zip

32206

Country

USA

4. FEI Number

59-3688455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Paul T. Wettrich

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

541 upper 8th Ave South

City

Jax Beh

FL

Zip Code

32250

**DO NOT WRITE
IN THIS SPACE**

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) ☐

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
President
Paul Thomas Wettrich
1726 North main street
Jax, FL. 32206

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

CR2E034B (12/01)

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:

 Paul T. Wettrich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/02

Date

904-356-9922

Daytime Phone #