## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P01000117346

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Entity Name: TAX VERIFICATION BUREAU, INC.

FILED Jun 24, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
247 SW 8 STREET SUITE 147 MIAMI, FL 331303513	
Current Mailing Address:	New Mailing Address:
247 SW 8 STREET SUITE 147 MIAMI, FL 33130 US	601 RIVERSIDE AVENUE JACKSONVILLE, FL 32204 US
FEI Number: 01-0557789 FEI Number Applied For ( ) FEI Number	umber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
E, REYES 247 SW 8TH STREET SUITE 147 MIAMI, FL 33130 US	CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US
The above named entity submits this statement for the purpose in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE: MADONNA CUDDIHY, SPECIAL ASS'T SECRE	ETARY 06/24/2009
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title:         P         ( ) Delete           Name:         REYES, E           Address:         247 SW 8 STREET SUITE 147           City-St-Zip:         MIAMI, FL 33130	Title: PCEO (X) Change ( ) Addition  Name: CARBIENER, JEFFREY S  Address: 601 RIVERSIDE AVENUE  City-St-Zip: JACKSONVILLE, FL 32204
Title: ( ) Delete Name: Address: City-St-Zip:	Title: SEVP () Change (X) Addition Name: JOHNSON, TODD C Address: 601 RIVERSIDE AVENUE City-St-Zip: JACKSONVILLE, FL 32204
Title: ( ) Delete Name: Address: City-St-Zip:	Title: TSVP () Change (X) Addition  Name: ALVARADO, JENNIFER F  Address: 601 RIVERSIDE AVENUE  City-St-Zip: JACKSONVILLE, FL 32204

Title: ( ) Delete Title: D ( ) Change (X) Addition Name: JOHNSON, TODD C
Address: Address: 601 RIVERSIDE AVENUE
City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

**VPAS** 

HALEY, COLLÉEN E

SWENSON, ERIC D

601 RIVERSIDE AVENUE

**601 RIVERSIDE AVENUE** 

JACKSONVILLE, FL 32204

JACKSONVILLE, FL 32204

( ) Change (X) Addition

( ) Change (X) Addition

SIGNATURE: COLLEEN E. HALEY VPAS 06/24/2009

() Delete

() Delete