

2003 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000014279

1. Entity Name

AX THE TAX, INC.

FILED

03 APR 29 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
c/o Frederic B. O'Neal Esq.
800 N. Ferncreek Ave.
Orlando, FL 32803

Mailing Address
c/o Frederic B. O'Neal Esq.
800 N. Ferncreek Ave.
Orlando, FL 32803

2. Principal Place of Business
7798 Snowberry Circle

3. Mailing Address
P.O. Box 842

Suite, Apt. #, etc.

City & State
Orlando, Florida

City & State
Windermere, Florida

Zip
32819

Country
USA

Zip
34786

Country
USA

4. FEI Number ☒ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
Frederic B. O'Neal Esq.
800 N. Ferncreek Ave.
Orlando, FL 32803

7. Name and Address of New Registered Agent
Name Frederic B. O'Neal, Esq.
Street Address (P.O. Box Number is Not Acceptable)
7798 Snowberry Circle
City Orlando FL Zip Code 32819

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 Frederic B. O'Neal Esq. April 28, 2003
Signature, typed or printed name of registered agent and fee is applicable. (NOTE: Registered Agent's signature required when changing.) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '03		
TITLE		☐ Delete	TITLE	P/D	☐ Change ☒ Add
NAME			NAME	Frederic B. O'Neal, Esq.	
STREET ADDRESS			STREET ADDRESS	7798 Snowberry Circle	
CITY-ST-ZIP			CITY-ST-ZIP	Orlando, FL 32819	
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 Block 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frederic B. O'Neal **FREDERIC B. O'NEAL (407)719-6796** 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE

4/30