

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

1/27

01-27-2003 90239 011 ***150.00

DOCUMENT # P02000047609	
1. Entity Name TAG & TITLE AUTHORITY, INC.	

Principal Place of Business 8907 WEST OAKLAND PARK BLVD. SUNRISE FL 33351	Mailing Address 8907 WEST OAKLAND PARK BLVD. SUNRISE FL 33351
---	---

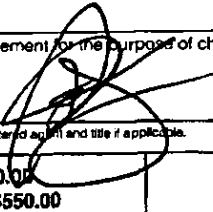
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 02-0590605	Applied For ☐ Not Applicable
------------------------------------	--

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

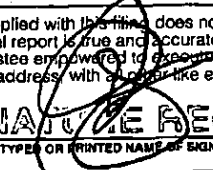
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JAROCKI, STEVEN -JR 8907 WEST OAKLAND PARK BLVD. SUNRISE FL 33351		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 1/28/03

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address with a copy-like empowered.

SIGNATURE: 	SIGNATURE REQUIRED	Date 1/28/03	Daytime Phone #
---	---------------------------	---------------------	-----------------

CR2E034 (10/02)

RECEIVED
FEB 10 2003
BY:

Attachment

55007335

P02000047609

Start your business off right - pay your taxes the easy way. Pay through the Electronic Federal Tax Payment System (EFTPS). For information, call 1-800-829-3676 and request Publication 966, EFTPS Answers to the Most Commonly Asked Questions.

Please use the label IRS provided when filing tax documents. Use FTD coupons when making FTD payments. If that isn't possible, use your EIN and complete name and address as shown below to identify your account and to avoid delays in processing.

TAG & TITLE AUTHORITY INC
8907 W OAKLAND PARK BLVD
SUNRISE FL 33351

If this information isn't correct, please correct it using the bottom part of this notice. Return it to the address shown so we can correct your account.

Note: If you change your corporation to a S corporation, you must file Form 2553, Election by a Small Business Corporation.

Note: If you change your business to a corporation, you may need to file Form 8832, Entity Classification Election. See the form's instructions to determine if you're required to file.

Keep this part for your records.

CP 575 A (Rev. 1-2001)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 A

0134155889

Your Telephone Number Best Time to Call
()

DATE OF THIS NOTICE: 05-07-2002
EMPLOYER IDENTIFICATION NUMBER: 02-0590605
FORM: SS-4

INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501

TAG & TITLE AUTHORITY INC
8907 W OAKLAND PARK BLVD
SUNRISE FL 33351