

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000122245

1. Entity Name
UNITED STATES TAX SERVICE, INC.

UNITED STATES TAX SERVICE INC. (PAP)

Principal Place of Business
12298 MALLORY DR.
LARGO FL 33774

Mailing Address
12298 MALLORY DR.
LARGO FL 33774



FILED

03 MAY 13 PM 1:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business
1100 CLARKE AVE LARGO FL 33774
Suite, Apt. #, etc.

3. Mailing Address
PO Box 1073
Suite, Apt. #, etc.

City & State
Largo, FL
Zip
33770
Country
PINELLAS

City & State
Largo FL
Zip
33779
Country
PINELLAS

4. FEI Number
27-0036881
Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
PERRY, ROBERT
12298 MALLORY DR.
LARGO FL 33774

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
1341 EAST FIELD DR
CLEARWATER, FL *33764*
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 *Robert Perry*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)
DATE *4-8-03*

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <i>PATRICIA ANN PERRY</i> <i>1341 EAST FIELD DR</i> <i>CLEARWATER, FL 33764</i> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>000019740470</i> <i>05/22/03--01065--013 **150.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: *Patricia Ann Perry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-03 *727-586-3007*
Date Daytime Phone #

CR2E034 (10/02)