


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90312 002 ***150.00

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DOCUMENT # P02000124087	
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1. Entity Name
4BOOK & TAX SERVICES, INC.

Principal Place of Business
**20255 HAMILTON AVENUE
PORT CHARLOTTE FL 33952**

Mailing Address
**20255 HAMILTON AVENUE
PORT CHARLOTTE FL 33952**



2. Principal Place of Business P.O. Box 62197	3. Mailing Address P.O. Box 62197
Suite, Apt. #, etc.	Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State FORT MYERS, FL	City & State FORT MYERS, FL	4. FEI Number 35-2188398	Applied For <input type="checkbox"/> Not Applicable
Zip 33906	Country U.S.	Zip 33906	Country U.S.

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

6. Name and Address of Current Registered Agent MAI, KIET A 2508 SURFSIDE BLVD CAPE CORAL, FL FL 33914	7. Name and Address of New Registered Agent Name MAI, KIET A. Street Address (P.O. Box Number is Not Acceptable) P.O. Box 62197 City FORT MYERS FL Zip Code 33906
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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 **4/19/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/03 239-849-3033
Date Daytime Phone #

CR2E034 (10/02)