FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 21, 2003 8:00 am Secretary of State DOCUMENT # 04-21-2003 90505 030 ***150.00 P02000128260 1. Éntity Name DONAHUE TAX ADVISORY GROUP, INC. 30099671 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 12924 Tar Flower Drive 12924 Tar Flower Drive Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 11-3666428 Tampa, FL Not Applicable Tampa, FL Country Country \$8.75 Additional 5. Certificate of Status Desired 33626 33626 7. Name and Address of Current Registered Agent Donahue, Bradley DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 12924 Tar Flower Drive IN THIS SPACE City 33626 Tampa 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE TITLE Donahue, Bradley NAME NAME 12924 Tar Flower Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33626 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE TITLE 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 1,19.07(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 on an attachment with an address, with all other like empowered

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

FILED

CR2E034B (12/01)