

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P95000007034**

1. Entity Name
TAX CENTERS, INC.



Principal Place of Business
**4851 85TH AVE
PINELLAS PARK FL 33781
US**

Mailing Address
**4851 85TH AVE
PINELLAS PARK FL 33781
US**

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

Zip **Country**

4. FEI Number **59-3288757** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PASEK, MICHAEL D
4851 85TH AVE
PINELLAS PARK FL 33781**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **P** Delete
NAME **PASEK, MICHAEL D**
STREET ADDRESS **4851 85TH AVE**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **VP** Delete
NAME **PASEK, GLORIA R**
STREET ADDRESS **4851 85TH AVE**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE **S** Delete
NAME **PASEK, MARIANNA**
STREET ADDRESS **4851 85TH AVE.**
CITY-ST-ZIP **PINELLAS PARK FL 33781**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
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 all other like empowered

SIGNATURE: Michael Pasek PRESIDENT **4/21/03** **727-544-2796**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

050027
AV

**FILED
Apr 25, 2003 8:00 am
Secretary of State**

04-25-2003 90307 004 ***150.00



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)