

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000081708

1. Entity Name  
TAX ORIENTED PLANS, INC.

Principal Place of Business  
1597 ROCKDALE LOOP  
HEATHROW FL 32746  
US

Mailing Address  
1597 ROCKDALE LOOP  
HEATHROW FL 32746  
US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3362815

Applied For  
Not Applicable

Zip Country

Zip Country

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

SHIFFMAN, BARRY A  
1597 ROCKDALE LOOP  
HEATHROW FL 32746

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SHIFFMAN, BARRY A  
STREET ADDRESS 1597 ROCKDALE LOOP  
CITY-ST-ZIP HEATHROW FL 32746 ☐ Delete

TITLE Y.P.D.  
NAME BRAN TAGUE  
STREET ADDRESS 350 DEVON PLACE  
CITY-ST-ZIP HEATHROW, FL 32746 ☒ Change ☐ Addition

TITLE SD  
NAME SHIFFMAN, HOLLY A  
STREET ADDRESS 109 HIGH AVE., UNIT 101  
CITY-ST-ZIP NYACK NY 10980 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD  
NAME TAGUE, LISA  
STREET ADDRESS 350 DEVON PLACE  
CITY-ST-ZIP HEATHROW FL 32746 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barry A. Shiffman* **Barry A. Shiffman** *Rev* 7/5/01 407-444-5280  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**Jul 18, 2001 8:00 am**  
**Secretary of State**

07-18-2001 90088 001 \*\*\*\*\*8.75  
07-18-2001 90088 002 \*\*\*550.00

76400



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)