

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91879 034 ***150.00

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DOCUMENT # P95000081708

1. Entity Name

TAX ORIENTED PLANS, INC.



Principal Place of Business

**350 DEVON PLACE
HEATHROW FL 32746
US**

Mailing Address

**350 DEVON PLACE
HEATHROW FL 32746
US**

2. Principal Place of Business

3. Mailing Address

1228 Pallister Lane

1228 Pallister Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Heathrow FL

City & State

Heathrow FL

32746

Country

USA

Zip

32746

Country

USA

4. FEI Number

59-3362815

Applied For

Not Applicable

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

**TAGUE, BRIAN
350 DEVON PLACE
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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **TAGUE, BRIAN**
STREET ADDRESS **350 DEVON PLACE**
CITY-ST-ZIP **HEATHROW FL 32746**

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **BRIAN TAGUE**
STREET ADDRESS **1228 Pallister Lane**
CITY-ST-ZIP **Heathrow FL 32746**

TITLE **VPD** ☐ Delete
NAME **TAGUE, BRIAN**
STREET ADDRESS **350 DEVON PLACE**
CITY-ST-ZIP **HEATHROW FL 32746**

TITLE **VP** ☐ Change ☐ Addition
NAME **Brian Tague**
STREET ADDRESS **1228 Pallister Lane**
CITY-ST-ZIP **Heathrow FL 32746**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/03

Date

407 444-5680

Daytime Phone #

CR2E034 (10/02)