

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087846

1. Entity Name

TAX DOCTOR FINANCIAL ADVISORS, INC.

**FILED**  
May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90023 001 \*\*\*150.00

Principal Place of Business

Mailing Address

2090 PALM BEACH LAKES BLVD  
SUITE 702  
WEST PALM BEACH FL 33409

2090 PALM BEACH LAKES BLVD  
SUITE 702  
WEST PALM BEACH FL 33409-6508

2. Principal Place of Business

5623 Via de la Plata Cir

3. Mailing Address

5623 Via de la Plata Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

4. FEI Number

65-0533957

Applied For

Not Applicable

Zip

33484

Country

PALM BEACH

Zip

33484

Country

PALM BEACH

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

KILLORAN, JOHN T  
5623 VIA DE LA PLATA CIRCLE  
DELRAY BEACH FL 33484

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

JOHN T. KILLORAN

4.26.00

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
KILLORAN, JOHN T  
5623 VIA DE LA PLATA CIRCLE  
DELRAY BEACH FL 33484

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN T. KILLORAN

4.26.00

Date

Daytime Phone #

561 252 0689

CR2E034 (9/99)