

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000004409

1. Entity Name

TAX & FINANCIAL SERVICES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90017 019 ***150.00

Principal Place of Business

Mailing Address

4063 N. GOLDEN ROD ROAD
SUITE 3
WINTER PARK FL 32792

4063 N. GOLDEN ROD ROAD
SUITE 3
WINTER PARK FL 32792-8905

2. Principal Place of Business

3. Mailing Address

**8669 Commodity Cir #102
Orlando, FL 32819**

**8669 Commodity Cir #102
Orlando, FL 32819**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3422731**

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

**METTE, HAL W
10151 UNIVERSITY BLVD #212
SUITE 40
MARATHON FL 33050**

Name
Street Address
City

**Kenneth C. Mette
8669 Commodity Cir #102
Orlando, FL 32819**

Je

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 \$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	P	<input type="checkbox"/> Delete
NAME	METTE, KENNETH C	
STREET ADDRESS	4063 N GOLDENROD RD #3	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES, Kenneth C. Mette	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8669 Commodity Cir #102	
STREET ADDRESS	Orlando, FL 32819	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/00

Date

Daytime Phone #

CR2E034 (9/99)