

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P92000050530**
 1. Entity Name
TAX ADVISORS, INC.

FILED
SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03-24-2000 90059 006 ***150.00

00 NOV 17 PM 4:00

Principal Place of Business Mailing Address
190 W COMMERCIAL BLVD STE 214 3890 W COMMERCIAL BLVD STE 214
LAUDERDALE FL 33309 FT LAUDERDALE FL 33309-3319

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **65-077495** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent
Donna King
5135 NW 121 Drive
Coral Springs, FL 33076

7. Name and Address of New Registered Agent
 Name **MARC KING**
 Street Address (P.O. Box Number is Not Acceptable) **3890 W. Commercial Blvd**
Suite 214
 City **Fort Lauderdale FL** Zip Code **33309**

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  **MARC KING** **President** **3/20/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE


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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	D Donna King 3890 W COMMERCIAL BLVD STE 214 FT LAUDERDALE FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	President - Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARC KING 3890 W. Commercial Blvd #214 FT Lauderdale, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:  **MARC KING** **President** **3/20/00** **954 7336309**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Color Daytime Phone #

CR2F034 (9/99)