

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000091624

1. Entity Name
TAX STRATEGIES, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90450 023 ***150.00

Principal Place of Business

**1401 KIMDALE STREET
LEHIGH ACRES FL 33936**

Mailing Address

**1401 KIMDALE STREET
LEHIGH ACRES FL 33936**

00043652



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number: **65-0792123**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, THOMAS J ESQ.
1401 KIMDALE STREET
LEHIGH ACRES FL 33936**

7. Name and Address of New Registered Agent

Name

Richard Walters

Street Address (P.O. Box Number is Not Acceptable)

1401 Kimdale St

Lehigh Acres

Zip Code

33936

8. The above named agent submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Richard Walters

4-24-01

Signature, typed or printed

Registered agent and the filer's name

(NOTE: Registered agent signature required when registering)

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, 2001 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, FRED J	
STREET ADDRESS	16 BUTTERCUP COURT	
CITY-STATE-ZIP	MARCO ISLAND FL 34145	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	WALTERS, RICHARD A	
STREET ADDRESS	235 BETH STACEY BLVD.	
CITY-STATE-ZIP	LEHIGH ACRES FL 33936	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Walters	
STREET ADDRESS	1401 Kimdale St	
CITY-STATE-ZIP	Lehigh Acres FL 33936	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Deborah Martin	
STREET ADDRESS	1009 Michael Ave	
CITY-STATE-ZIP	Lehigh Acres FL 33972	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-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

Richard Walters

Date

Daytime Phone #

CR2E034 (10/00)