

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90273 024 \*\*\*150.00

**DOCUMENT # P97000104517**

1. Entity Name  
**MARY EVERIDGE TAX SERVICE, INC.**

Principal Place of Business  
**412 LIVE OAK ST.  
 NEW SMYRNA BEACH FL 32168**

Mailing Address  
**112 LIVE OAK ST.  
 NEW SMYRNA BEACH FL 32168**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**306 LIVE OAK ST.**  
 Suite, Apt. #, etc.

3. Mailing Address  
~~112~~ **306**  
~~ST.~~ **LIVE OAK ST.**  
 Suite, Apt. #, etc.

City & State  
**NEW SMYRNA BEACH, FL**

City & State  
**NEW SMYRNA BEACH, FL**

4. FEI Number **59-3482329**

Applied For  
 Not Applicable

Zip **32168**

Country

Zip **32168**

Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**EVERIDGE, MARY  
 306 LIVE OAK ST.  
 NEW SMYRNA BEACH FL 32168**

**7. Name and Address of New Registered Agent**

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

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	EVERIDGE, MARY	306 LIVE OAK ST	NE SMYRNA BCH FL 32168	<input type="checkbox"/>
VP	EVERIDGE, LEONARD	306 LIVE OAK ST	NE SMYRNA BCH FL 32168	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	EVERIDGE, MARY	16 FAIRWAY CIRCLE	NEW SMYRNA BEACH FL. 32168 ONLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	EVERIDGE, LEONARD	16 FAIRWAY CIRCLE	NEW SMYRNA BEACH, FL. 32168 ONLY	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Mary Everidge  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MARY EVERIDGE**  
 Date 4/20/02 (386) 427-8720  
 Daytime Phone #

CR2E034 (9/01)