

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

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

Mailing Address

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

2. Principal Place of Business

306 LIVE OAK ST.

3. Mailing Address

306 LIVE OAK ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY EVERIDGE

4/20/02 (386) 427-8720

Date

Daytime Phone #

CR2E034 (9/01)