## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P98000027792 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name TAX CITY INC. 04-25-2000 90144 045 \*\*\*150.00 Principal Place of Business Mailing Address 6925 MANASOTA KEY RD 6925 MANASOTA KEY RD ENGLEWOOD FL 34223-9220 ENGLEWOOD FL 34223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0827960 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRANCES FORD. WILLIE D 6925 MANASOTA KEY RD ENGLEWOOD FL 34223 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and effects to do so. After MAY 1, 2000 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. MARKEN FORD-Wheeter D Change TITLE TITLE **X** Delete FORD, W.D. NAME No 2200 EAS 1 6925 MANASOTA KEY RD STREET ADDRESS STREET ADDRESS **Bwight** CITY-ST-ZIP **ENGLEWOOD FL 34223** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE FORD, FRANCES C NAME NAME 6925 MANASOTA KEY RD STREET ADDRESS STREET ADDRESS ENGLEWOOD FL 34223 CITY-ST-ZIP CITY-ST-ZIP Birector ☐ Change ☐ Addition ☐ Delete TITLE TITLE MARUK. FORL-Wheeler NAME NAME STREET ADDRESS 28641 N.2700 EAST ROMA STREET ADDRESS CITY-ST-ZIP Englewood, 71. 34223 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Lord Sea Junesure 4-18- 2000