

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90009 008 ***158.75

DOCUMENT # P98000067582

1. Entity Name
TAX DOCTOR FINANCIAL GROUP, INC.

R

Principal Place of Business
**2090 PALM BEACH LAKES BLVD. 7TH FL
 WEST PALM BEACH FL 33409**

Mailing Address
**4521 PGA BLVD
 SUITE 365
 PALM BEACH GARDENS FL 33418
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4521 PGA Blvd.

3. Mailing Address
 Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 365

City & State

City & State
Palm Beach Gardens, FL

4. FEI Number **65-0854336**

Applied For
 Not Applicable

Zip Country
33418

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TARANGELO, PETER
 117 BENT TREE DRIVE
 PALM BEACH GARDENS FL 33418**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D <input type="checkbox"/> Delete
NAME	TARANGELO, PETER
STREET ADDRESS	117 BENT TREE DR
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418
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
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Peter Tarangelo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *7/20/00* Daytime Phone # *561-712-1110*

P98000067582 B0103593
Attachment

TAX DOCTOR FINANCIAL GROUP
801 Village Boulevard
Suite 301
West Palm Beach, FL 33409
561-712-1110

July 19, 2000

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document # P98000067582/Tax Doctor Financial Group, Inc.

To Whom It May Concern:

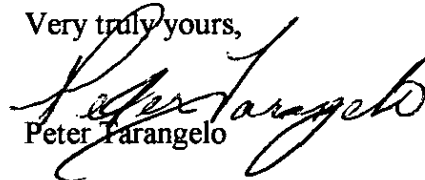
Enclosed please find a completed Report for the above-referenced corporation together with a check in the amount of \$158.75 for filing.

Please be advised that this is the first report we received for this corporation.

If you have any questions, please contact me at the above telephone number.

Thank you for your attention to this matter.

Very truly yours,


Peter Tarangelo

/Enclosures-