

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082031

1. Entity Name

FRAN'S TAX SERVICE, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90093 031 ***150.00

Principal Place of Business

Mailing Address

4604 ATLANTIC BOULEVARD
SUITE 4A
JACKSONVILLE FL 32207

4604 ATLANTIC BOULEVARD
SUITE 4A
JACKSONVILLE FL 32011-3848

2. Principal Place of Business

3. Mailing Address

2015 Lem Turner Rd 2015 Lem Turner Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Callahan FL

City & State
Callahan FL

4. FEI Number

59-3536029

Applied For

Not Applicable

Zip
32011

Country
USA

Zip
32011

Country
USA

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

CAUDLE, FRANCES M
4604 ATLANTIC BOULEVARD
SUITE 4A
JACKSONVILLE FL 32207

Name

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

2105 Lem Turner Road

City
Callahan

FL

Zip Code
32011

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 *Frances M. Caudle*
Signature, typed or printed name of registered agent and title if applicable.

Frances M. Caudle, Pres.

2/21/2000
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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS CAUDLE, FRANCES M
CITY-ST-ZIP 11772 V.C. JOHNSON ROAD
JACKSONVILLE FL 32218

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS CAUDLE, MICHELLE L
CITY-ST-ZIP 11772 V.C. JOHNSON ROAD
JACKSONVILLE FL 32218

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *Frances M. Caudle* *Frances M. Caudle* *2/21/00* *904-879-1974*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)