

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000082031**1. Entity Name
FRAN'S TAX SERVICE, INC.**Principal Place of Business**

2015 LEM TURNER RD

CALLAHAN

32011

FL

Mailing Address

2015 LEM TURNER RD

SUITE 4A

CALLAHAN

32011

FL

2. Principal Place of Business**3. Mailing Address**

2015 LEM TURNER RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CALLAHAN

FL

Zip

Country

Zip

Country

32011

4. FEI Number**59-3536029**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**CAUDLE FRANCES M**
2015 LEM TURNER ROAD

CALLAHAN

32011

FL

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 **FRANCES M CAUDLE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

03/20/2001

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, 2001 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 **D** ☒ Delete
NAME **CAUDLE MICHELLE L**
STREET ADDRESS **11772 V.C. JOHNSON ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32218**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CAUDLE FRANCES M**
STREET ADDRESS **11772 V.C. JOHNSON ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32218**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES**03/20/2001**

Date

Daytime Phone #

CR2E034 (11/00)