

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90131 032 ***150.00

DOCUMENT # P98000096653

1. Entity Name
ADVISORY TAX SERVICE, INC.

Principal Place of Business

**1975 E SUNRISE BLVD
 #522
 FT LAUDERDALE FL 33304
 US**

Mailing Address

**1975 E SUNRISE BLVD
 #522
 FT LAUDERDALE FL 33304
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0899351**

Applied For
 Not Applicable

Zip Country

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

**YANKWITT, ERIC
 1086 S MILLTANT #102
 DEERFIELD BEACH FL 33442**

Name **ERIC YANKWITT**
 Street Address (P.O. Box Number is Not Acceptable)
831 SW 12TH PL
FT LAUDERDALE FL
 City **FL** Zip Code **33315**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
 NAME **YANKWITT, ERIC**
 STREET ADDRESS **1086 S MILLTANT #102**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **D**
 NAME **YANKWITT, ERIC**
 STREET ADDRESS **831 SW 12TH PL**
 CITY-ST-ZIP **FT LAUDERDALE FL 33315**

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)