

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097261

1. Entity Name
COUNTYWIDE TAX SERVICE, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90070 017 ***150.00

Principal Place of Business

Mailing Address

3800 W. BROWARD BLVD
PLANTATION FL 33312

3800 W. BROWARD BLVD
PLANTATION FL 33312

00009330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

33 South ST RD 7
Suite, Apt. #, etc.

3. Mailing Address

33 South ST RD 7
Suite, Apt. #, etc.

City & State
PLANTATION FLORIDA

City & State
PLANTATION FLORIDA

4. FEI Number 65-0875982

Applied For
Not Applicable

Zip 33312 Country Broward

Zip 33312 Country Broward

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

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

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, 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 NAME ☐ Delete
PSD
HERRING, JUDITH
STREET ADDRESS 3041 NORTH OAKLAND FOREST DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33309

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

TITLE NAME ☐ Delete
VTD
HALL, ROBERT
STREET ADDRESS 3041 NORTH OAKLAND FOREST DRIVE
CITY-ST-ZIP FORT LAUDERDALE FL 33309

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/01 954 584 3839

CR2E034 (10/00)