

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90226 041 ***150.00

DOCUMENT # P98000099576

1. Entity Name
J. BABIO TAX SERVICE, INC.



Principal Place of Business
**1450 NORTH STATE ROAD 7
MARGATE FL 33063**

Mailing Address
**1450 NORTH STATE ROAD 7
MARGATE FL 33063**



2. Principal Place of Business

1444 N. ST. RD 7

Suite, Apt. #, etc.

3. Mailing Address

1444 N. ST. RD 7

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

MARGATE, FL

City & State

MARGATE, FL

4. FEI Number **65-0875467**

Applied For
Not Applicable

Zip

Country

33063 USA

Zip

Country

33063 USA

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

6. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	BABIO, JOSEPH	
STREET ADDRESS	1450 NORTH STATE ROAD 7	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	BABIO, BARBARA A	
STREET ADDRESS	1450 NORTH STATE ROAD 7	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE JOSEPH BABIO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/03 954-972-3776
Date Daytime Phone #

CR2034 (10/02)