

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000000398

1. Entity Name

JACKSON HEWITT TAX SERVICE CORPORATION

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90020 043 ***150.00

Principal Place of Business

705 NE 125TH STREET
 NORTH MIAMI FL 33161

Mailing Address

705 NE 125TH STREET
 NORTH MIAMI FL 33161

1121 NE 179th ST
 NMBch, FI
 33162

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0900829

Applied For

Not Applicable

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

BALTAGI, LABIB

705 NE 125TH STREET
 NORTH MIAMI FL 33161

1121 NE 179th ST
 N.M. Bch, FI 33162

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 BALTAGI, LABIB
 CITY-ST-ZIP 705 NE 125TH STREET
 NORTH MIAMI FL 33161

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 15/001

Untitled

Attachment
P99000000398
Apple Bell

LABIB BALTAGI

JULY 13, 200

0

JACKSON HEWITT TAX SERVICE
1121 NE 179TH STREET
NORTH MIAMI BCH, FL. 33161

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
PO BOX 1500
TALLAHASSEE, FL. 32302-1500

I RECEIVED YOUR SECOND REQUEST FOR 2000 UNIFORM BUSIN
ESS REPORT. THIS NOTICE WAS THE FIRST NOTICE RECEIVED
BY OUR COMPANY.

AFTER SPEAKING TO A REPRESENTATIVE FROM YOUR OFFICE
SHE STATED TO SEND PAYMENT OF 150.00 ALONG WITH THIS
LETTER AND THE REPORT.

IF YOU HAVE FURTHER QUESTIONS REGARDING THIS LETTER,
PLEASE FEEL FREE TO CONTACT ME AT 305-895-3011.

SINCERELY,

Labib Baltagi

LABIB BALTAGI