

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**  
 05-01-2000 90021 011 \*\*\*150.00

**DOCUMENT # P99000006264**

1. Entity Name  
**INDEPTH TAX MANAGEMENT, INC.**

Principal Place of Business

Mailing Address

16 ADAMS ROAD  
 OCEAN RIDGE FL 33435

C/O JOHN PARTICA  
 POST OFFICE BOX 4502  
 BOYNTON BEACH FL 33424-4502

2. Principal Place of Business

**616 NE 4TH STREET**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**DELRAY BEACH, FL.**

City & State

4. FEI Number

**65-0889009**

Applied For

Not Applicable

Zip

**33483**

Country

**U.S.A.**

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

**PARTICA, JOHN A**  
**16 ADAMS ROAD**  
**OCEAN RIDGE FL 33435**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**616 NE 4TH STREET**

City

**DELRAY BEACH**

**FL**

**33483**

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

*JOHN A PARTICA*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/20/00**

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, 2000 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARTICA, JOHN</b>	
STREET ADDRESS	<b>16 ADAMS ROAD</b>	
CITY-ST-ZIP	<b>OCEAN RIDGE FL 33435</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PARTICA, DOLORES</b>	
STREET ADDRESS	<b>16 ADAMS ROAD</b>	
CITY-ST-ZIP	<b>OCEAN RIDGE FL 33435</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>616 NE 4TH STREET</b>
CITY-ST-ZIP	<b>DELRAY BEACH, FL. 33483</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>616 NE 4TH STREET</b>
CITY-ST-ZIP	<b>DELRAY BEACH, FL. 33483</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*JOHN A PARTICA*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/00**

**(561) 330-2998**

Date

Daytime Phone #

CR2E034 (9/99)