

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90433 043 ***150.00

DOCUMENT # P99000006264

1. Entity Name

INDEPTH TAX MANAGEMENT, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

407 NE 7TH AVE,

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

SAME

City & State

DELRAY BEACH FL.

City & State

Zip

33483

Country

Zip

Country

4. FEI Number

650889009

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOHN A PARTICA

Street Address (P.O. Box Number is Not Acceptable)

407 NE 7TH AVENUE

City

DELRAY BEACH, FL. FL 33483

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PRESIDENT

John A Partica

407 NE 7TH AVE.

DELRAY BEACH, FL. 33483

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

SECRETARY

DOLORES PARTICA

407 NE 7TH AVE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELRAY BEACH, FL 33483

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IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 #

CR2E034B (12/01)