2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

changed, or on an attachment with

SIGNATURE:

Jan 23, 2003 8:00 am **Secretary of State** P99000010049 DOCUMENT # 01-23-2003 90173 049 ***150.00 1. Entity Name RAPID TAX, INC. Principal Place of Business Mailing Address 286 S.W. 9TH STREET P O BOX 92 DANIA BEACH FL 33004 DANIA BEACH FL 33004 2. Principal Place of Business 3. Mailing Address 124 South FEDERAL HIGHW Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65\1089568 IDANIA BOACH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent YOUNG, ROBERT M Street Address (P.O. Box Number is Not Acceptable) 286 S.W. 9TH STREET DANIA BEACH FL 33004 S. Federal 8. The above named t 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 SIGNATURE ed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) **\$5.00** May Be 9. Election Campaign Financing After May 1 2003 Fee Will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CR2E034 (10/02) TITLE ☐ Delete TITLE YOUNG, ROBERTM. 124 S. Federal Highway NAME YOUNG, ROBERT M NAME 286 S.W. 9TH STREET STREET ADDRESS STREET ADDRESS DANIA BEACH FL 33004 CITY-ST-ZIP CITY-ST-ZIP Oania Beach **VPS** Delete TITLE Change Addition NAME YOUNG, USA NAME 286 S.W. 9TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DANIA BEACH FL 33004 CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP led with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information lepot 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 to prove the provided to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information s indicated on this report or supplement of the corporation or the receiver of

REQUIRED

Daytime Phone #

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR