

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90109 028 ***150.00

0341173

DOCUMENT # P99000024804

1. Entity Name
TAXES, INC.

Principal Place of Business
**602 SOUTH BOULEVARD
TAMPA FL 33602**

Mailing Address
**602 SOUTH BOULEVARD
TAMPA FL 33602**

2. Principal Place of Business
1611 W. Platt St

3. Mailing Address
1611 W. Platt St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number **59-3563455**

Applied For
Not Applicable

Zip **33606**

Country
USA

Zip **33606**

Country
USA

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

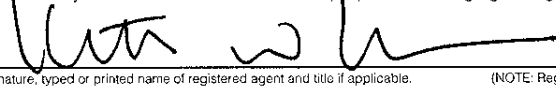
6. Name and Address of Current Registered Agent

**STULL, JEFFREY
602 SOUTH BOULEVARD
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name
KEITH KOEHLER
Street Address (P.O. Box Number is Not Acceptable)
1611 West Platt Street
City **Tampa** FL **33606**

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 

DATE **4/24/01**

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 \$150.00
After MAY 1, 2001 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

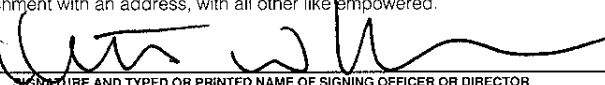
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STULL, R J 602 SOUTH BOULEVARD TAMPA FL 33602 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCINTOCK, BARBARA 10607 CARROLLBROOK LANE TAMPA FL 33618 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEITH W. KOEHLER 1611 W. PLATT ST TAMPA FL 33606 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **4/24/01** 813-258-1272

DATE

Daytime Phone #

CP2E034 (10/00)