

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

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90018 021 \*\*\*150.00

DOCUMENT # P99000050361

1. Entity Name

Tax Solutions of Palm Beach, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4793 N. Congress Ave

3. Mailing Address

4793 N. Congress Ave

Suite, Apt. #, etc.

#206

Suite, Apt. #, etc.

#206

City & State

Boynton Beach FL

City & State

Boynton Beach, FL

4. FEI Number

65-0928166

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Kiesling, Robert A

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

4793 N. Congress Ave #206

City

Boynton Beach

FL

Zip Code

33426

**DO NOT WRITE  
IN THIS SPACE**

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 resigning)

DATE

11/31/02

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  
D  
Kiesling, Robert A  
4793 N. Congress Ave #206  
Boynton Beach, FL 33426

TITLE  
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/31/02

Date

Daytime Phone #

561-432-2036

CR2E034B (12/01)