

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

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

05-27-2002 90441 029 ***150.00

DOCUMENT #

1. Entity Name

THE TAX DR., INC.

P99000063366

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2375 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 302

3. Mailing Address

2375 Tamiami Trail N.

Suite, Apt. #, etc.

Suite 302

City & State

Naples, FL

City & State

Naples, FL

Zip

34101

Country

US

Zip

34101

Country

US

4. FEI Number

593597877

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Praete, V.A.

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

2374 Tamiami Trail N Suite 302

City Naples

FL

Zip Code
34101

**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 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
DPST
Praete, V.A.
6863 Satinleaf Rd. Suite 203
Naples, FL 34101

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
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

APR 29 2002

Date

Daytime Phone #

239-659-0000

CR2E034B (12/01)