

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

05-27-2002 90441 029 ***150.00

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

DOCUMENT #

1. Entity Name

THE TAX DR., INC.

P99000063366 ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 2375 Tamiami Trail N.

3. Mailing Address
 2375 Tamiami Trail N.

Suite, Apt. #, etc.
 Suite 302

Suite, Apt. #, etc.
 Suite 302

City & State
 Naples, FL

City & State
 Naples, FL

4. FEI Number
 593597877

Applied For
 Not Applicable

Zip
 34101

Country
 US

Zip
 34101

Country
 US

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

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**DO NOT WRITE
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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

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

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 29 2002

Date

239-659-0000

Daytime Phone #

CR2E034B (12/01)