

DOCUMENT # P99000072358

1. Entity Name

TAX PREP USA, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90103 015 ***150.00

Principal Place of Business

17555 BOAT CLUB DRIVE
FORT MYERS FL 33908

Mailing Address

17555 BOAT CLUB DRIVE
FORT MYERS FL 33908-4465

2. Principal Place of Business

3. Mailing Address

19 N DEL PRADO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

CAPE CORAL, FL

Zip

Country

Zip

Country

33909

USA

4. FEI Number

62-1798476

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

BUD KRATER, JR

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

17555 BOAT CLUB DR

City

FT MYERS

FL

Zip Code

33908

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

Bud Krater, Jr

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

JAN 10, 2000

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KRATER, CLETUS A 17555 BOAT CLUB DRIVE FORT MYERS FL 33908	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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, DIRECTOR

01/10/00 941.574.1515
 Date Daytime Phone

CR2E034 (9/99)