

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 22, 2001 8:00 am  
Secretary of State

05-22-2001 90065 003 \*\*\*150.00

**DOCUMENT #** P99000075973

**1. Entity Name**  
The Tax Port - "Your Refund Connection", Inc.

**Principal Place of Business** 2550-4 Mayport Rd  
Jacksonville, FL 32233

**Mailing Address** P.O. Box 65  
Mayport, FL 32267-0065

**2. Principal Place of Business**

**3. Mailing Address**

Sube, Apt. #, etc.

City & State

Zip Country

**4. FEI Number** 59-3592667

**Applied For** Not Applicable

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

DD056698  
DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

Susan G. Hufham  
2550-4 Mayport Road  
Jacksonville, FL 32233

**7. Name and Address of New Registered Agent**

Name

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

City FL Zip Code

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) ☒

**FILE NOW WITH FEE IS \$150.00**  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | PD                     | <input type="checkbox"/> Delete |
| NAME           | Susan G. Hufham        |                                 |
| STREET ADDRESS | 14520 Wonderwood Dr    |                                 |
| CITY-ST-ZIP    | Jacksonville, FL 32225 |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |
| TITLE          |                        | <input type="checkbox"/> Delete |
| NAME           |                        |                                 |
| STREET ADDRESS |                        |                                 |
| CITY-ST-ZIP    |                        |                                 |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                        |                                                                              |
|----------------|------------------------|------------------------------------------------------------------------------|
| TITLE          |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 7042 Barkwood Drive    | Address Only                                                                 |
| STREET ADDRESS | Jacksonville, FL 32277 |                                                                              |
| CITY-ST-ZIP    |                        |                                                                              |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |                                                                              |
| STREET ADDRESS |                        |                                                                              |
| CITY-ST-ZIP    |                        |                                                                              |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |                                                                              |
| STREET ADDRESS |                        |                                                                              |
| CITY-ST-ZIP    |                        |                                                                              |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |                                                                              |
| STREET ADDRESS |                        |                                                                              |
| CITY-ST-ZIP    |                        |                                                                              |

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:** Susan G. Hufham Susan G. Hufham 4-30-01 247-2829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP02E034 (1/1/00)