

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V03337

Entity Name
TAX OFFICE MANAGER INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90153 045 ***158.75

Principal Place of Business
PEGASUS DRIVE
JACKSONVILLE FL 32223

Mailing Address
11832 PEGASUS DRIVE
JACKSONVILLE FL 32223-3531



DO NOT WRITE IN THIS SPACE

Principal Place of Business		3. Mailing Address		4. FEI Number 593431408 NOT APPLICABLE		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required
City & State		City & State		7. Name and Address of New Registered Agent		
Zip	Country	Zip	Country	Name		
6. Name and Address of Current Registered Agent				Street Address (P.O. Box Number is Not Acceptable)		
CARROLL, THOMAS P. 11832 PEGASUS DRIVE JACKSONVILLE FL 32223				City		
				FL Zip Code		

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 _____ (NOTE: Registered Agent signature required when reinstating)

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**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. D CARROLL, THOMAS P. 11832 PEGASUS DRIVE JACKSONVILLE FL 32223	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas P. Carroll*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/21/2000 (904) 264-1111