

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2001 8:00 am
Secretary of State

07-12-2001 90123 044 ***150.00

DOCUMENT # V21488

1. Entity Name
TAX PLUS SERVICES, INC.

Principal Place of Business
915 DENSMORE DRIVE
WINTER PARK FL 32792

Mailing Address
915 DENSMORE DRIVE
WINTER PARK FL 32792

00073307



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3112104**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

MAHNKE, ALICE F.
915 DENSMORE DRIVE
WINTER PARK FL 32792

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!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 **D** ☐ Delete
 NAME **MAHNKE, ALICE F.**
 STREET ADDRESS **915 DENSMORE DRIVE**
 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/01
 Date

407-671-5941
 Daytime Phone #

CR2E034 (5/01)

Attachment
Doc# V21488-CE073307

TAX Plus Services, Inc.

(407) 677-5941

July 5, 2001

**Division of Corporation
Uniform Business Report Filings
P O Box 1500
Tallahassee, FL 32302-1500**

Re: Document #V21488

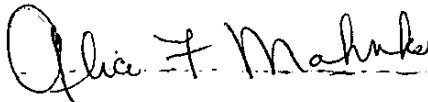
We received in the mail 07/03/01 the attached Form UBR, Document #V21488 stating we must pay \$550.00 for our license renewal because of late filing.

We never received the first copy, if in fact it was mailed. I called your office today 7/5/01, and was told by a Carol M. to send a check in the amount of \$150.00 with an explanation for late filing, which I am doing with this letter.

If you have any questions, please contact me at 407-677-5941.

Thank you for your help in this matter.

Sincerely,



Alice F. Mahnke

Encl