

2002 UNIFORM BUSINESS REPORT (UBR)

0460383 AV

DOCUMENT # **V41478**

1. Entity Name

TAX ANALYSTS ADVISORY SERVICES, INCORPORATED

FILED
02 MAR -7 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1100 CLEVELAND ST
SUITE 1104A
CLEARWATER FL 33755
US**

Mailing Address

**P O BOX 3895
CLEARWATER FL 33767
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

255 DOKAHN PT #PA3

3. Mailing Address

Suite, Apt. #, etc.

City & State

CLEARWATER, FL

City & State

Zip Country

33767 PINELLAS

4. FEI Number

59-3127214

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GATES, BRYAN E.
270 SKIFF PT
B-1
CLEARWATER FL 33767**

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!!! FEE IS \$150.00
After May 1, 2002 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

TITLE **P** ☒ Delete
NAME **GATES, BRYAN**
STREET ADDRESS **270 SKIFF POINT, #B-1**
CITY-ST-ZIP **CLEARWATER FL 33767**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **BRYAN GATES**
STREET ADDRESS **270 SKIFF POINT #B-1**
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **JEAN H. GATES**
STREET ADDRESS **270 SKIFF POINT #B-1**
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE **7000051091** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
-03/15/02--01004--019
******150.00 ****150.00**

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

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)