

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000118448

Entity Name: TAX CARE,INC.

Current Principal Place of Business:

2170 WEST STATE ROAD
SUITE 350
LONGWOOD, FL 32779

Current Mailing Address:

2170 WEST STATE ROAD 434
SUITE 350
LONGWOOD, FL 32779 US

FEI Number: 22-3881352

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALVAREZ, DANIEL
2170 WEST STATE ROAD 434
350
LONGWOOD, FL 32779 US

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: DANIEL ALVAREZ

04/18/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name ALVAREZ, MOISES
Address 177 FRANCES CIR
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VPD
Name MATA, NELSON
Address 3765 N.W. 85 TERRACE
City-State-Zip: COOPER CITY FL 33024

Title TREASURER, SECRETARY,
DIRECTOR
Name ALVAREZ, JONATHAN
Address 2170 WEST STATE ROAD
SUITE 350
City-State-Zip: LONGWOOD FL 32779

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALVAREZ , MOISES

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04/18/2018

Electronic Signature of Signing Officer/Director Detail

Date