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.

MGR

SIGNATURE: DIEUSEUL ALCIDE

Electronic Signature of Signing Officer/Director Detail

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2022 F	FLORIDA PROFI	T CORPORATIO	N ANNUAL	REPORT

DOCUMENT# P13000031705

Entity Name: CITY TAX SERVICES, INC

Current Principal Place of Business:

4770 BARNES RD 4 JACKSONVILLE, FL 32207

Current Mailing Address:

4770 BARNES RD 4 JACKSONVILLE, FL 32207

FEI Number: 46-3161735

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ALCIDE, DIEUSEUL 4770 BARNES RD STE 4 JACKSONVILLE, FL 32207 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:

Officer/Director Detail

Officer/Director Detail :						
Title	PRESIDENT	Title	VP			
Name	ALCIDE, DIEUSEUL	Name	EXAMAR, ELIETTE A			
Address	5669 W BEAVER STREET	Address	4770 BARNES RD			
City-State-Zip:	JACKSONVILLE FL 32254		#4			
		City-State-Zip:	JACKSONVILLE FL 32207			
Title	TRES					
Name	ALCIDE, JOSHUA M					
Address	4770 BARNES RD UNIT 4					
City-State-Zip:	JACKSONVILLE FL 32207					

Certificate of Status Desired: No

FILED Mar 25, 2022 Secretary of State 4061137970CC

> 03/25/2022 Date

Date