

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J74974

1. Entity Name

FEDERATED TAX ACCOUNTING CORPORATION, INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90110 013 ***150.00

Principal Place of Business

Mailing Address

212 E. NOBLE AVE.
WILLISTON FL 32696

212 E. NOBLE AVE.
WILLISTON FL 32696-2236

040810



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

59-2487307

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

BUCHYN, HARRIETT K
212 E. NOBLE AVE.
WILLISTON FL 32696

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME KOON, PERRY F. JR.
STREET ADDRESS 624 SW 7 AVENUE
CITY-ST-ZIP WILLISTON FL

TITLE ☒ Change ☐ Addition
NAME P/T/D
STREET ADDRESS
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME KOON, PERRY F. SR.
STREET ADDRESS 350 SW 7 AVENUE
CITY-ST-ZIP WILLISTON FL

TITLE ☒ Change ☐ Addition
NAME V/D
STREET ADDRESS
CITY-ST-ZIP

TITLE CD ☐ Delete
NAME KOON, JETTIE R.
STREET ADDRESS 350 SW 7 AVENUE
CITY-ST-ZIP WILLISTON FL

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

TITLE VPD ☐ Delete
NAME BUCHYN, HARRIETT K.
STREET ADDRESS 350 S.W. 7TH AVE.
CITY-ST-ZIP WILLISTON

TITLE ☒ Change ☐ Addition
NAME V/D
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME BEWLEY, KATHLEEN
STREET ADDRESS 450 SW 7TH AVE.
CITY-ST-ZIP WILLISTON FL

TITLE ☒ Change ☐ Addition
NAME V/D
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME KOON, BEVERLY
STREET ADDRESS 624 SW 7TH AVE
CITY-ST-ZIP WILLISTON FL 32696

TITLE ☒ Change ☐ Addition
NAME V/S/D
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

Date

3524534354

Daytime Phone #

CR2E034 (9/99)