

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 26, 2002 8:00 am
Secretary of State

09-26-2002 90101 001 ****50.00

DOCUMENT # L00000011417

1. Entity Name

ACCOUNTING AND INFORMATION SOLUTIONS, LLC

Principal Place of Business

**110 W. LAKE MARY BLVD
 SANFORD FL 32773**

Mailing Address

**110 W. LAKE MARY BLVD
 SANFORD FL 32773**

2. Principal Place of Business

803 BATES CT.

Suite, Apt. #, etc.

3. Mailing Address

5703 RED BUG LAKE RD.

Suite, Apt. #, etc.

306

City & State

CASSELBERRY, FL

City & State

WINTER SPRINGS, FL

Zip

32707

Country

SE USA

Zip

32708

Country

**USA
 SEMINOLE**

4. FEI Number **57-3671676**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JUREK, MICHAEL R
 984 ENGLISH TOWN LANE #214
 WINTER SPRINGS FL 32708**

Name

JUREK, MICHAEL R.

Street Address (P.O. Box Number is Not Acceptable)

803 BATES CT.

City

CASSELBERRY

FL

Zip Code

32707

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael Jurek

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-20-2002

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Delete
 NAME **JUREK, MICHAEL R**
 STREET ADDRESS **110 W LAKE MARY BLVD**
 CITY-ST-ZIP **SANFORD FL 32773-4663**

TITLE **MGRM** ☒ Change ☐ Addition
 NAME **JUREK, MICHAEL R.**
 STREET ADDRESS **803 BATES CT.**
 CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Michael Jurek **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-20-2002 407-766-3675

Date

Daytime Phone #

CR2E083 (4/02)