

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90078 006 ***150.00

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1. Entity Name
CENTRAL STATE ACCOUNTING & TAX SERVICE, INC.

Principal Place of Business Mailing Address
5570 NW 96TH LANE PO BOX 5070
OCALA FL 34482 Ocala FL 34478
US

2. Principal Place of Business 3. Mailing Address
2901 SW 41st St
 Suite, Apt. #, etc. Suite, Apt. #, etc.
APT 2316

City & State City & State 4. FEI Number **59-3285885** Applied For
OCALA FL Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional
34474 FL MARION Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
GIBSON, PAUL R Name **PAUL R. GIBSON**
5570 NW 96TH LANE Street Address (P.O. Box Number is Not Acceptable)
OCALA FL 34482 **2901 SW 41st St**
APT # 2316
 City **OCALA** FL Zip Code **34474**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D GIBSON, PAUL R 5570 NW 96TH LANE OCALA FL 34482	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P GIBSON, PAUL R. 2901 SW 41st St APT # 2316 OCALA FL 34474
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: PAUL R. GIBSON Date: 4-5-01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: 362-237-9552

CR2E034 (10/00)