

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91382 019 ***150.00

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DOCUMENT # **P95000040377**

1. Entity Name
ACCOUNTING & MANAGEMENT CONSULTING, INC.



Principal Place of Business
**17710 LONG RIDGE RD.
TAMPA FL 33647
US**

Mailing Address
**17710 LONG RIDGE RD.
TAMPA FL 33647
US**



2. Principal Place of Business

3. Mailing Address

880 Mandalay Ave

880 Mandalay Ave

Suite, Apt. #, etc

Suite, Apt. #, etc

Apt # N104

Apt # N104

CHECK HERE IF MAKING CHANGES

City & State

City & State

Clearwater, FL

Clearwater, FL

4. FEI Number

59-3315838

Applied For

Not Applicable

Zip

Country

33767

Pinellas

Zip

Country

33767

Pinellas

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

**RAUBACK, JOHN F
17710 LONG RIDGE RD.
TAMPA FL 33647**

Name

Rauback, John F

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

880 Mandalay Ave Apt # N104

City

Clearwater

FL

Zip Code

33767

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTS** Delete
NAME **RAUBACK, JOHN F**
STREET ADDRESS **17710 LONG RODGE RD**
CITY-ST-ZIP **TAMPA FL 33647**

TITLE **PTS** Change Addition
NAME **Rauback, John F**
STREET ADDRESS **880 Mandalay Ave Apt N104**
CITY-ST-ZIP **Clearwater, FL 33767**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **John F. Rauback**

John F. Rauback 4-22-03 (813) 494-4855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)