

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075859

1. Entity Name

ACCOUNTING & MANAGEMENT ASSOCIATES, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90101 030 ***150.00

Principal Place of Business

Mailing Address

3400 TAMiami TRAIL NORTH, #202
 NAPLES FL 34103

3400 TAMiami TRAIL NORTH, #202
 NAPLES FL 34103-3717



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

59-3531530

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

GURGES, DIANA
 3400 TAMiami TRAIL NORTH, #202
 NAPLES FL 34103

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	GURGES, DIANA		
	3400 TAMiami TRAIL NORTH, #202		
	NAPLES FL 34103		
VP	GURGES, MICHAEL JR.		
	3400 TAMiami TRAIL NORTH, #202		
	NAPLES FL 34103		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Diana Gurses
 Pres.

3-29-00

Date

941-263-
 244

Daytime Phone #

CR2E034 (9/99)