

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077368

1. Entity Name

ABA ACCOUNTING AND TAX SERVICES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90035 049 ***150.00

Principal Place of Business

Mailing Address

19785 MIDWAY BLVD
PORT CHARLOTTE FL 33948

19785 MIDWAY BLVD
PORT CHARLOTTE FL 33948-6219

2. Principal Place of Business

1066 CONGRESS ST.

3. Mailing Address

1066 CONGRESS ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL.

City & State

PORT CHARLOTTE, FL.

Zip

33952

Country

USA

Zip

33952

Country

USA

4. FEI Number

65-0864298

Applied For

Not Applicable

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

GALLO, FRANK J

10785 MIDWAY BLVD

PORT CHARLOTTE FL 33948

1066 CONGRESS ST.

PORT CHARLOTTE FL.

33952

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 P
NAME GALLO, ROSEMARY V
STREET ADDRESS 19785 MIDWAY BLVD
CITY-ST-ZIP PORT CHARLOTTE FL 33948-2417

☐ Delete

TITLE V. PRES
NAME
STREET ADDRESS 1066 CONGRESS ST.
CITY-ST-ZIP PORT CHARLOTTE FL. 33952

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE PRESIDENT
NAME GALLO, FRANK J
STREET ADDRESS 1066 CONGRESS ST.
CITY-ST-ZIP PORT CHARLOTTE FL. 33952

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

FRANK J GALLO

Date

2/17/2000 (941) 743-6011

Daytime Phone #

CR2E034 (9/99)