

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 605630

1. Entity Name

ACCOUNTING MACHINES INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90140 023 \*\*\*150.00

Principal Place of Business

Mailing Address

6175 NW 167TH ST.. STE. 38  
MIAMI FL 33015

6175 NW 167TH ST.. STE. 38  
MIAMI FL 33015-4339

2. Principal Place of Business

221 No. US Hwy. 27

3. Mailing Address

P.O. Box 121338

Suite, Apt. #, etc.

Suite G

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont, FL

4. FEI Number

59-1875962

Applied For

Not Applicable

Zip

34711

Country

Lake

Zip

34712

Country

Lake

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

KLEIN, RONALD G.

901 NE 125TH STREET

N. MIAMI FL

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          | PM                | <input type="checkbox"/> Delete |
| NAME           | KELLEY, PHILLIP   |                                 |
| STREET ADDRESS | 1213 OVERLOOK RD. |                                 |
| CITY-ST-ZIP    | EUSTIS FL         |                                 |
| TITLE          | VPS               | <input type="checkbox"/> Delete |
| NAME           | KELLEY, JUDITH M. |                                 |
| STREET ADDRESS | 1213 OVERLOOK RD  |                                 |
| CITY-ST-ZIP    | EUSTIS-FL         |                                 |
| TITLE          | VP                | <input type="checkbox"/> Delete |
| NAME           | KELLEY, PHILLIP J |                                 |
| STREET ADDRESS | 18365 NW 21ST ST  |                                 |
| CITY-ST-ZIP    | PEMBROKE PINES FL |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |
| TITLE          |                   | <input type="checkbox"/> Delete |
| NAME           |                   |                                 |
| STREET ADDRESS |                   |                                 |
| CITY-ST-ZIP    |                   |                                 |

|                |   |
|----------------|---|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |   |
| STREET ADDRESS |   |
| CITY-ST-ZIP    |   |

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: Judith M. Kelley Judith M. Kelley 4-4-2000 800-683-0227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)