

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000040377

1. Entity Name

ACCOUNTING & MANAGEMENT CONSULTING, INC.

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90399 041 ***150.00

Principal Place of Business

Mailing Address

13715 WATERHOUSE WAY
ORLANDO FL 32828
US

13715 WATERHOUSE WAY
ORLANDO FL 33647-2501
US

2. Principal Place of Business

3. Mailing Address

17710 Long Ridge Rd
Suite, Apt. #, etc.

17710 Long Ridge Rd
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3315838

Applied For

Not Applicable

Zip
33647

Country

Hillsborough

Zip

33647

Country

Hillsborough

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
13715 WATERHOUSE WAY
ORLANDO FL 32828

Name

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

17710 Long Ridge Road

City

Tampa

FL

Zip Code

33647

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

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

John F. Rauback, President 4/20/00
(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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
RAUBACK, JOHN F
13715 WATERHOUSE WAY
ORLANDO FL 32828 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
Rauback, John F
17710 Long Ridge Road
Tampa, FL 33647 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

John F. Rauback
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Rauback 4/20/00 (813) 973-3127
President Date Daytime Phone #