

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90078 006 ***150.00

DOCUMENT # P94000094371

1. Entity Name

CENTRAL STATE ACCOUNTING & TAX SERVICE, INC.

Principal Place of Business

5570 NW 96TH LANE
OCALA FL 34482

Mailing Address

PO BOX 5070
OCALA FL 34478
US

2. Principal Place of Business

3. Mailing Address

2901 SW 41ST ST

Suite, Apt. #, etc.

APT 2316

Suite, Apt. #, etc.

City & State

OCALA FL

City & State

OCALA FL

Zip

34474

Country

FL

Zip

34474

Country

FL

4. FEI Number

59-3285885

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

GIBSON, PAUL R
5570 NW 96TH LANE
OCALA FL 34482

Name

PAUL R. GIBSON

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

2901 SW 41ST ST

APT # 2316

City

OCALA

FL

Zip Code

34474

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, 2001 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
D
GIBSON, PAUL R
5570 NW 96TH LANE
OCALA FL 34482 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D P
GIBSON, PAUL R.
2901 SW 41ST ST APT # 2316
OCALA FL 34474 ☒ 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 ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

PAUL R. GIBSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01 361-237-9552

Date

Daytime Phone #

CR2E034 (10/00)

0419866