

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011417

1. Entity Name

ACCOUNTING AND INFORMATION SOLUTIONS, LLC

Principal Place of Business

984 ENGLISH TOWN LANE #214  
WINTER SPRINGS FL 32708-4663

Mailing Address

984 ENGLISH TOWN LANE #214  
WINTER SPRINGS FL 32708-4663

2. Principal Place of Business

110 W. LAKE MARY BLVD

Suite, Apt. #, etc.

3. Mailing Address

110 W. LAKE MARY BLVD.

Suite, Apt. #, etc.

City & State

SANFORD, FL

City & State

SANFORD, FL

Zip

32773

Country

SEMINOLE

Zip

32773

Country

SEMINOLE

4. FEI Number

59-3671676

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JUREK, MICHAEL R  
984 ENGLISH TOWN LANE #214  
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

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

FILE NOW!!! FEE IS \$50.00 / \$50.00  
Make Check Payable to Department of State  
Due By September 26, 2001

9. MANAGING MEMBERS/MANAGERS

TITLE NAME MGRM JUREK, MICHAEL R ☐ Delete  
STREET ADDRESS 984 ENGLISH TOWN LANE #214  
CITY-ST-ZIP WINTER SPRINGS FL 32708-4663

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM JUREK, MICHAEL R. ☒ Change ☐ Addition  
STREET ADDRESS 110 W. LAKE MARY BLVD.  
CITY-ST-ZIP SANFORD, FL 32773

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 700004630317-1  
CITY-ST-ZIP -10/10/01--01071--001  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Michael R. Jurek*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

REFILE STATEMENT

01 OCT -2 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

REINSTATEMENT

CR2E083 (5/01)

10-1-01 407-323-5493