

COPY

## 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90743 012 \*\*\*150.00

DOCUMENT # L68211

1. Entity Name

FAST ACCOUNTING SERVICES CORPORATION

Principal Place of Business

ELIANA A. VALDIVIA  
 4901 22 AVE. S.W.  
 NAPLES FL 34118  
 US

Mailing Address

ELIANA A. VALDIVIA  
 580 11 ST. NO.  
 NAPLES FL 33940  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0186692

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

ELIANA, VALDIVIA A.  
 4901 22ND AVE S.W.  
 NAPLES FL 33999

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, 2003 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

DVTS

ANDRADE, ELIANA V  
 4901 22ND AVE. SW  
 NAPLES FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change☐ Addit

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DVP

VALDIVIA, VICTOR H.  
 5297 24TH AVE SW  
 NAPLES FL

☐ Delete

TITLE

NAME

☐ Change☐ Addit

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

THIS INSTRUMENT HAS A COLORED BACKGROUND, VOID PANTOGRAPH AND MICROPRINTING. THE REVERSE SIDE INCLUDES AN ARTIFICIAL WATERMARK.

FAST ACCOUNTING SERVICES CORP.  
 580 11TH ST. NORTH  
 NAPLES, FL 34102  
 941-732-8877

PELICAN NATIONAL BANK  
 811 ANCHOR RODE DR.  
 NAPLES, FL 34103  
 941-941-403-0076

PAY TO THE ORDER OF **DEPARTMENT OF STATE** Date **04-28-03**

**ONE HUNDRED FIFTY & 00/100** \$ **150.00** DOLLARS

memo **65-0186692**

*[Signature]*  
 AUTHORIZED SIGNATURE

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 changed, or on an attachment with an address, with all other like empowered.

*[Signature]*

04-26-03