

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 524373

1. Entity Name

PROPERTY AND ACCOUNTING MANAGEMENT, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90003 050 ***150.00

Principal Place of Business

Mailing Address

2055 WOOD STREET, STE 202
P.O. BOX 6165
SARASOTA FL 34237-7945

2055 WOOD STREET, STE 202
~~P.O. BOX 6165~~
SARASOTA FL 34237-7929

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1731858

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

HOWES, A BRADFORD
2055 WOOD STREET
SARASOTA FL 33577

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOWES, A B
2055 WOOD ST.
SARASOTA, FL 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
RUBIN, MELVIN
2055 WOOD ST.
SARASOTA, FL 00000 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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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 to this address, with all other the empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)