

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90068 043 ****61.25

DOCUMENT # 706626

1. Entity Name

Florida Society Of Accounting And
Tax Professionals Inc ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5214 HWY 98N

3. Mailing Address

P O Box 37043

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

LAKELAND FL

City & State

JACKSONVILLE FL

4. FEI Number

59-0863542

Applied For

Not Applicable

Zip

33809

Country

US

Zip

32236

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

HUISINGA RJ

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

541 PERMENTO AVE

City

JACKSONVILLE

FL

Zip Code

32220

**DO NOT WRITE
IN THIS SPACE**

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

FEI IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	COLE, GENE	PO BOX 90034	LAKELAND FL 33804
VD	LARSEN, MARTIN G	PO BOX 90034	LAKELAND FL 33804
TD	PLETCHER, J. William	PO BOX 90034	LAKELAND FL 33804
SD	COCHRAN, MARCIA J	PO BOX 90034	LAKELAND FL 33804
AAD	BOOTH, RUTH E	PO BOX 90034	LAKELAND FL 33804

**DO NOT WRITE
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J William Pletcher

4-29-02

Date

386-676-0480

Daytime Phone #

CR2E037B (12/01)