

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90124 046 *****61.25

DOCUMENT # 706626

1. Entity Name

**FLORIDA SOCIETY OF ACCOUNTING AND TAX PROFESSION
ALS, INC.**



Principal Place of Business

P.O. BOX 90034
LAKELAND FL 33804-0034

Mailing Address

P.O. BOX 90034
LAKELAND FL 33804-0034
US

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 **59-0863542**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUISINGA, R J
541 PERMENTO AVE
JACKSONVILLE FL 32220

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. I am familiar with, and accept the obligations of registered agent.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	LARSEN, MARTIN	
STREET ADDRESS	P.O. BOX 90034	
CITY-ST-ZIP	LAKELAND FL 33804-0034	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	RANCOURT, MICHAEL	
STREET ADDRESS	P.O. BOX 90034	
CITY-ST-ZIP	LAKELAND FL 33804-0034	
TITLE	2VP	<input type="checkbox"/> Delete
NAME	JACOBS, ROGER	
STREET ADDRESS	P.O. BOX 90034	
CITY-ST-ZIP	LAKELAND FL 33804-0034	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COCHRAN, MARCIA J	
STREET ADDRESS	P.O. BOX 90034	
CITY-ST-ZIP	LAKELAND FL 33804-0034	
TITLE	AAD	<input type="checkbox"/> Delete
NAME	BOOTH, RUTH E	
STREET ADDRESS	PO BOX 90034	
CITY-ST-ZIP	LAKELAND FL 33804-0034	
TITLE	T	<input type="checkbox"/> Delete
NAME	PLETCHER, J. WILLIAM	
STREET ADDRESS	P.O. BIX 90034	
CITY-ST-ZIP	LAKELAND FL 33804-0034	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Pletcher 9-14-03 386-676-0480

CR2E037 (10/02)