

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000115

1. Entity Name

ACCOUNTING PRINCIPALS, LTD.

Principal Place of Business

1635 MARKET STREET  
PHILADELPHIA PA 19103

Mailing Address

177 CROSSWAYS PARK DR.  
WOODBURY NY 11797-2016

2. Principal Place of Business

One Independent Dr.  
Suite, Apt. #, etc.

3. Mailing Address

One Independent Dr.  
Suite, Apt. #, etc.  
Attn: Gerald Robinson

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3482202

Applied For

Not Applicable

Zip

32202

Country

USA

Zip

32202

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION-SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

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

9. Capital Contributions  
as Shown on record.

\$785,034.45

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P97000104876  
NAME AGGUSTAFF GP, INC. modis GP, Inc.  
STREET ADDRESS ONE INDEPENDENT DRIVE  
CITY - ST - ZIP JACKSONVILLE FL 32202

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  
Gerald Robinson

Date

Daytime Phone #

4-28-00 40430-2704

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06



DO NOT WRITE IN THIS SPACE

00 MAY -1 PM 12:06