2002 Uniform Business Report (UBR)

Apr 02, 2002 8:00 am Secretary of State F01147 DOCUMENT # 1. Entity Name 04-02-2002 90145 045 ***150 00 EXECUTIVE ACCOUNTING & BOOKKEEPING SERVICE, INC. Principal Place of Business Mailing Address 3676 COLLIN DR., S.#9 3676 COLLIN DR., S.#9 WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406 2. Principal Place of Business 3. Mailing Address South 1 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2034983 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3340C Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KUHARCIK, JOSEPH Street Address (7.O. Box Number is Not Acceptable) 1211 THE PLAZA SINGER ISLAND FL 33404 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 Fiorida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete TITLE PTO Change ☐ Addition (9/01) COLLINS, JERRY NAME Collins, Jenny 11718 Orange Gove Blad 11218 ORANGE GROVE BLVD. STREET ADDRESS STREET ADDRESS W. PALM BCH. FL 33411 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 the property with an address, with all other like empowered. changed, or on an attachment with an address, with all other