

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90551 011 \*\*\*150.00

**DOCUMENT # F02000004073**

**1. Entity Name**  
**GOLF ACCOUNTING SOLUTIONS INC.**



**Principal Place of Business**  
**3958 CORVETA COURT**  
**ORLANDO FL 32837**

**Mailing Address**  
**3958 CORVETA COURT**  
**ORLANDO FL 32837**

**2. Principal Place of Business**

**2995 Remington Blvd**

**3. Mailing Address**

**2995 Remington Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**

**Kissimmee, FL**

**City & State**

**Kissimmee, FL**

**Zip**

**34744**

**Country**

**USA**

**Zip**

**34744**

**Country**

**USA**

☐ CHECK HERE IF MAKING CHANGES

**01-066-5656**

**4. FEI Number**

**APPLIED FOR**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BUSINESS FILINGS INCORPORATED**  
**1000 WEST AVE., STE. 1114**  
**MIAMI BEACH FL 33139**

**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. 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 \$150.00**

**After May 1, 2003 Fee will be \$550.00**

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

**9. Election Campaign Financing**  
**Trust Fund Contribution.**

☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** CP ☐ Delete  
**NAME** STINE, WILLIAM  
**STREET ADDRESS** 2758 KIMBERLEE LANE  
**CITY-ST-ZIP** KISSIMMEE FL 34744

**TITLE** VCPV ☐ Delete  
**NAME** FARROW, MARK  
**STREET ADDRESS** 3958 CORVETA CT.  
**CITY-ST-ZIP** ORLANDO FL 32837

**TITLE** S- ☐ Delete  
**NAME** FARROW, MARK  
**STREET ADDRESS** 3958 CORVETA CT.  
**CITY-ST-ZIP** ORLANDO FL 32837

**TITLE** T ☒ Delete  
**NAME** ALVIANO, MARK  
**STREET ADDRESS** 336 PEACH ORCHARD AVE.  
**CITY-ST-ZIP** OAKWOOD OH 45419

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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 607, 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**MARK FARROW**

**1-14-03**

**Date**

**Daytime Phone #**

CR2E034 (10/02)