

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000007528

1. Entity Name
UNIVERSITY ACCOUNTING SERVICE, INC.



Principal Place of Business
6850 ANTINORI LANE
BOYNTON BEACH, FL 33437

Mailing Address
PO BOX 740785
BOYNTON BEACH, FL 33474



01092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1737058

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PICKHOLTZ, ALAN
6850 ANTINORI LANE
BOYNTON BEACH, FL 33437

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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. 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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPT
PICKHOLTZ, ALAN
6850 ANTINORI LANE
BOYNTON BEACH, FL 33437

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
PICKHOLTZ, BARBARA
6850 ANTINORI LANE
BOYNTON BEACH, FL 33437

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000781201
01/15/08-80025-003 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Alan Pickholtz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08
Date

561-737-5369
Daytime Phone #