

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H31964

1. Entity Name

ACCOUNTING SERVICES, INC.

FILED
Mar 09, 2001 8:00 am
Secretary of State

03-09-2001 90488 018 ***150.00

Principal Place of Business

935 MAIN ST.
SUITE D-1
SAFETY HARBOR FL 34695

Mailing Address

835 MAIN ST.
SUITE D-1
SAFETY HARBOR FL 34695

2542 Stony Brook Ln
Clearwater, FL
33761

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

2542 Stony Brook Ln

City & State

City & State

Clearwater FL

Zip

Country

Zip

Country

33761

Pinellas

6. Name and Address of Current Registered Agent

HERSCH, JOEL W.
2542 STONY BROOK LANE
CLEARWATER FL 33761

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. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
NAME HERSCH, JOEL W EA
STREET ADDRESS 2542 STONY BROOK LANE
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE VST
NAME HERSCH, PHYLLIS K
STREET ADDRESS 2542 STONY BROOK LANE
CITY-ST-ZIP CLEARWATER FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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

SIGNATURE:

Joel W. Hersch

Date

Daytime Phone #

3/8/01

727-725-4121

CR2E034 (10/00)

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