2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Apr 05, 2001 8:00 am Secretary of State **DOCUMENT # J32942** 1. Entity Name COMMUNITY ACCOUNTING AND MANAGEMENT, INC. 04-05-2001 90449 030 ***150.00 Principal Place of Business Mailing Address 40347 US 19 N 40347 US 19 N **SUITE #129** SUITE #129 UUUJIJAI TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State _City_& State___ Applied For___ -4._FEI:Number_ -59-2713490 -Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPOONSTER, JANET K. Street Address (P.O. Box Number is Not Acceptable) 40347 US 19 N **SUITE #129** TARPON SPRINGS FL 34689 City Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE SPOONSTER, JANET K. NAME NAME STREET ADDRESS 934 SEMINOLE BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL ☐ Change ☐ Delete ☐ Addition TITLE TITLE 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-ZIP ☐ Delete ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition 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-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 changed, or on an attachment with an address, wit all other like empowered.

GNING OFFICER OR DIRECTOR