

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K11879

1. Entity Name

ACCOUNTABLE TAX AND SECRETARIAL SERVICES, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90175 020 ***158.75

Principal Place of Business

Mailing Address

409 MONTGOMERY RD
UNIT 165
ALTAMONTE SPRINGS FL 32714
US

409 MONTGOMERY RD
UNIT 165
ALTAMONTE SPRINGS FL 32714-6826
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2865226

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIVEN, HOWARD S.
111 LAMPLIGHTER ROAD
ALTAMONTE SPRINGS, 32714

Name

KIVEN, ANNE

Street Address (P.O. Box Number is Not Acceptable)

409 MONTGOMERY RD

Unit 165

City

ALTAMONTE SPRINGS

FL

Zip Code

32714-6826

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: K H, President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☒ Delete
NAME KIVEN, HOWARD S.
STREET ADDRESS 111 LAMPLIGHTER ROAD
CITY-ST-ZIP ALTAMONTE SPRINGS FL

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

TITLE DVS ☐ Delete
NAME KIVEN, ANNE
STREET ADDRESS 111 LAMPLIGHTER ROAD
CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE DPTS ☒ Change ☐ Addition
NAME KIVEN, ANNE
STREET ADDRESS 409 MONTGOMERY RD UNIT 165
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

Date

407 786-784

Daytime Phone #

CR2E034 (9/99)