2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 12, 2000 8:00 am Secretary of State DOCUMENT # **K11879** 1. Entity Name ACCOUNTABLE TAX AND SECRETARIAL SERVICES, INC. 4-12-2000 90175 020 ***158.75 Principal Place of Business Mailing Address 409 MONTGOMERY RD 409 MONTGOMERY RD **UNIT 165** ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714-6826 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2865226 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KIVEN ANNE KIVEN, HOWARD S. Street Address (P.O. Box Number is Not Acceptable) 111 LAMPLIGHTER ROAD 409 MONTGOMERY RD **ALTAMONTE SPRINGS, 32714** Unit 165 Zip Code 3 2714 - 6824 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. Her, President Signature, typed or printed name of registered agent and title if applicable. (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. X Delete DPT ☐ Change ☐ Addition TITLE TITLE NAME KIVEN, HOWARD S. NAME STREET ADDRESS STREET ADDRESS 111 LAMPLIGHTER ROAD CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL ■ Change Addition DVS ☐ Delete TITLE TITLE Kluen, Anne NAME KIVEN, ANNE NAME 409 MONTGONERY RD UNIT 165 STREET ADDRESS STREET ADDRESS 111 LAMPLIGHTER ROAD CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

TITLE

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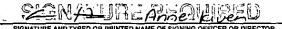
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Daytime Phone #

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