

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90031 033 ***150.00

714968



DO NOT WRITE IN THIS SPACE

DOCUMENT # K35928

1. Entity Name

ACCOUNTABILITY UNLIMITED, INC.

Principal Place of Business

Mailing Address

8194 SEVERN DRIVE
APT. D
BOCA RATON FL 33433

8194 SEVERN DRIVE
APT. D
BOCA RATON FL 32686-2103

2. Principal Place of Business

18355 N. HWY 329

3. Mailing Address

18355 N. HWY 329

Suite, Apt. #, etc.

REDDICK FL

Suite, Apt. #, etc.

City & State

REDDICK FL

4. FEI Number

65-0077783

Applied For

Not Applicable

Zip

32686

Country USA

Zip

32686

Country USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCKEE, MICHAEL A
8194 SEVERN DRIVE APT. D
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name MICHAEL A. MCKEE

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

18355 N. HWY 329

City REDDICK

FL

Zip 32686

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, 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

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCKEE, MICHAEL A. | |
| STREET ADDRESS | 8194 SEVERN DRIVE, APT. D | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MCKEE, YOLANDA | |
| STREET ADDRESS | 8194 SEVERN DRIVE, APT. D | |
| CITY-ST-ZIP | BOCA RATON FL 33433 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCKEE, MICHAEL A | |
| STREET ADDRESS | 18355 N. HWY 329 | |
| CITY-ST-ZIP | REDDICK, FL 32686 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCKEE, YOLANDA | |
| STREET ADDRESS | 18355 N. HWY 329 | |
| CITY-ST-ZIP | REDDICK, FL 32686 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

352-
591-4545