

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K64465**

1. Entity Name

ACCOUNTING TAX SERVICE OF JACKSONVILLE, INC.

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90058 047 ***150.00

Principal Place of Business

**3000 N PONCE DE LEON BLVD
STE 1
ST AUGUSTINE FL 32084**

Mailing Address

**3000 N PONCE DE LEON BLVD
STE 1
ST AUGUSTINE FL 32084**

2. Principal Place of Business

356 RAGGEOY POINT COURT

3. Mailing Address

356 RAGGEOY POINT COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

4. FEI Number **59-2933955**

Applied For

Not Applicable

Zip

32003

Country

US

Zip

32003

Country

US

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

**GILFILLAN, LARRY G
3000 N PONCE DE LEON BLVD
STE 1
ST AUGUSTINE FL 32084**

Name

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

356 RAGGEOY POINT COURT

City

ORANGE PARK

FL

Zip Code
32003

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **GILFILLAN, LARRY G.**
STREET ADDRESS **2720 HARBOR COURT**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1195 OLD LOVING ROAD**
CITY-ST-ZIP **MORGANTON, GA 30560**

TITLE **DST** ☐ Delete
NAME **GILFILLAN, V. SUE**
STREET ADDRESS **2720 HARBOR COURT**
CITY-ST-ZIP **ST. AUGUSTINE FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1195 OLD LOVING ROAD**
CITY-ST-ZIP **MORGANTON, GA 30560**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Larry G. Gilfillan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry G. Gilfillan

Date

12/15/01

Daytime Phone #

706-374-7615

CR2E034 (10/00)