2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # K65391 B ACCOUNTING SERVICES, IN	۰ ۱C۰	,				f State		
Principal Place of Business * HOLLY HORTON -ONE PURLIEU PLACE, SUITE 122 -WINTER PARK FL 92792		Mailing Address % HOLLY HORTON ONE PURLIEU PLACE, SUITE 122 WINTER PARK T. 32792							
2. Principal Place of Business 463 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
	ER PARK, ALA	07. 9.0	ZK, FU	4.		~0095735	Ap	plied For]
3279		352790	Country		Certificate of Status	Desired	\$8.75 Add		
	6. Name and Address of Current Re			7.	Name and Address	s of New Regist	Fee Require	<u> </u>	┨
		<u> </u>	Name	SAME					1
HORTON, HOLLY A. ONE PURLIEU PLACE SUITE 122 NUMBER 122			22	AM 68 (P.O)	658 (P.O. Box Number is Not Agreptable)				
- WIN	TER PARK FL 3279 2		1XI	NTER	PARK		FL 3929	89	
8. The above	named entity submits this statement for t	he purpose of changing its re	gistered office	or registered a	gènt, or both, in the	State of Florida.			
SIGNATURĘ.	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE: Re	egistered Agent sign	ature required when a	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!!! After MAY 1, 200 Make Check Payable			Fee will be	550.00	10. Election Ca Trust Fund	mpaign Financin Contribution.	~ _ ~~.~	0 May Be I to Fees	
11,	OFFICERS AND D	.l	12.		DDITIONS/CHANGI	ES TO OFFICERS	S AND DIRECTORS	3 IN 11	ł
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALOGH, ALEXANDRA A. -ONE PURLIEU PLACE #122 WINTER PARK FL	. Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O.	BOX 1463 ER PARK	3	Change	Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORTON, HOLLY A. ONE PURLIEU PLACE #122 WINTER PARK FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		BOX 146		▼Change 32790	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATTICLE TO THE PARTY OF THE PAR	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		· ()		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
13. I hereby of indicated of the corrections	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with the control of the contr	nis filing does not qualify for the ue and accurate and that my a the relative the representation of the relative that the relative the relative that the relative the relative that the relativ	e exemption sta signature shall required by Ch	ated in Section have the same napter 607, Flor	119.07(3)(i), Florida legal effect as if ma rida Statutes; and th	a Statutes. I furth ade under oath; t at my name app	er certify that the in that I am an officer lears in Block 11 or	formation or director Block 12 if	