

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90099 048 \*\*\*150.00

**DOCUMENT # K65391**

1. Entity Name

**H AND B ACCOUNTING SERVICES, INC.**

Principal Place of Business % HOLLY HORTON <del>ONE PURLIEU PLACE, SUITE 122</del> WINTER PARK FL 32792	Mailing Address % HOLLY HORTON <del>ONE PURLIEU PLACE, SUITE 122</del> WINTER PARK FL 32792
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business P.O. Box 1463	3. Mailing Address P.O. Box 1463
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WINTER PARK, FLA	City & State WINTER PARK, FLA	4. FEI Number 65-0095735	Applied For <input type="checkbox"/> Not Applicable
ZIP 32790	Country	ZIP 32790	Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HORTON, HOLLY A.  
~~ONE PURLIEU PLACE~~  
~~SUITE 122~~  
~~WINTER PARK FL 32792~~

7. Name and Address of New Registered Agent

Name SAME

Street Address (P.O. Box Number is Not Acceptable)  
2070 NAPLES DRIVE

City WINTER PARK State FL ZIP 32790

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 \_\_\_\_\_ (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BALOGH, ALEXANDRA A. <input type="checkbox"/> Delete <del>ONE PURLIEU PLACE #122</del> WINTER PARK FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORTON, HOLLY A. <input type="checkbox"/> Delete <del>ONE PURLIEU PLACE #122</del> WINTER PARK FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 1463 WINTER PARK, FLA 32790
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 1463 WINTER PARK, FLA 32790
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: HOLLY HORTON Holly Horton 1/11/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0058737

CR2E034 (10/00)