

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90021 005 ***150.00

DOCUMENT # K66880

1. Entity Name

J.P. ACCOUNTING SERVICE, INC.

Principal Place of Business

~~6601 COLONIAL DR.~~

~~MARGATE FL 33063~~

US

Mailing Address

~~6601 COLONIAL DR.~~

~~MARGATE FL 33063~~

US

2. Principal Place of Business

1010 MEDINAH DR

Suite, Apt. #, etc.

3. Mailing Address

1010 MEDINAH DR

Suite, Apt. #, etc.

City & State

WINTER HAVEN

City & State

WINTER HAVEN

Zip

33884

Country

POLK

Zip

33884

Country

POLK

4. FEI Number

65-0104208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIELOCH, JOSEPH

~~6601 COLONIAL DR.~~

~~MARGATE FL 33063~~

7. Name and Address of New Registered Agent

Name

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

1010 MEDINAH DR

City

WINTER HAVEN

FL

Zip Code

33884

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

Joseph Pieloch

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-02

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, 2002 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	DPT	<input type="checkbox"/> Delete
NAME	PIELOCH, JOSEPH	
STREET ADDRESS	6601 COLONIAL DR.	
CITY-ST-ZIP	MARGATE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PIELOCH, DEIRDRE B	
STREET ADDRESS	6601 COLONIAL DR.	
CITY-ST-ZIP	MARGATE FL	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1010 MEDINAH DR	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1010 MEDINAH DR	
CITY-ST-ZIP	WINTER HAVEN, FL 33884	
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:

Joseph Pieloch REQUIRED JOSEPH PIELOCH

Date

Daytime Phone #

4-25-02 863-318-0341

CR2E034 (9/01)