

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90447 004 ***150.00

DOCUMENT # K66880

1. Entity Name
J.P. ACCOUNTING SERVICE, INC.



Principal Place of Business
~~1010 MEDINAH DRIVE~~
~~WINTER HAVEN FL 33884~~
US

Mailing Address
~~1010 MEDINAH DRIVE~~
~~WINTER HAVEN FL 33884~~
US



2. Principal Place of Business
231 GOLDENRAIN DRIVE

3. Mailing Address
231 GOLDENRAIN DRIVE

Suite, Apt. #, etc.
APT # 105

Suite, Apt. #, etc.
APT # 105

City & State
CELEBRATION FL

City & State
CELEBRATION FL

Zip
34747

Country

Zip
34747

Country

4. FEI Number **65-0104208**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PIELOCH, JOSEPH
1010 MEDINAH DRIVE
WINTER HAVEN FL 33884

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
231 GOLDENRAIN DRIVE
105
City **CELEBRATION** **FL** Zip Code **34747**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Joseph Pieloch*

4-14-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> Delete
NAME	PIELOCH, JOSEPH	
STREET ADDRESS	1010 MEDINAH DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PIELOCH, DEIRDRE B	
STREET ADDRESS	1010 MEDINAH DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	231 GOLDENRAIN DRIVE #105
CITY-ST-ZIP	CELEBRATION FL 34747
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	231 GOLDENRAIN DRIVE #105
CITY-ST-ZIP	CELEBRATION FL 34747
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Pieloch* **JOSEPH PIELOCH** **4-14-03** **407-566-0195**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)