

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L00000007244**

1. Entity Name

HOSPITALITY ACCOUNTING SERVICES, LLC

Principal Place of Business

**625 MACY AVENUE
LAKE HELEN FL 32744**

Mailing Address

**625 MACY AVENUE
LAKE HELEN FL 32744**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR**41-2045264**

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BANFAL, JAYSHRI A
625 MACY AVENUE
LAKE HELEN FL 32744**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 (re)registering)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BANFAL, JAYSHRI A 625 MACY AVENUE LAKE HELEN FL 32744-3417	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jayshri A. Banfal 26Apr02 386-228-2825**FILED
Jun 19, 2002 8:00 am
Secretary of State**

05-07-2002 90348 007 ****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)