

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State
 06-07-2000 90436 049 ***150.00

DOCUMENT # 419056
 1. Entity Name
ACCREDITED ACCOUNTING SERVICES, INC.

Principal Place of Business Mailing Address

00057509


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4360 SUMMER LANDING DR.
 Suite, Apt. #, etc. #106
 City & State LAKELAND, FL
 Zip 33810 Country USA

3. Mailing Address
 Suite, Apt. #, etc. same
 City & State
 Zip Country

4. FEI Number 59-2971872 Applied For ☐ Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

 **Barry M. Fitterman**
4360 Summer Landing Dr.
Apt. 106
Lakeland, FL 33810

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 Barry M. Fitterman **Barry M. Fitterman** 5/13/00
 Signature, typed or printed name of registered agent and title if applicable. (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, 2000 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	<u>P.T.</u>	<input type="checkbox"/> Delete	
NAME	<u>Barry M. Fitterman</u>		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<u>X P.T.</u>	<input checked="" type="checkbox"/> Delete	
NAME	<u>Rebecca Fitterman</u>		
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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<u>P.T.</u>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<u>Barry M. Fitterman</u>		
STREET ADDRESS	<u>4360 Summer Landing Dr.</u>		
CITY-ST-ZIP	<u>Apt. 106</u> <u>Lakeland, FL 33810</u>		
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: Barry M. Fitterman **Barry M. Fitterman** 5/13/00 863/
 Signature and typed or printed name of signing officer or director Date Daytime Phone # 284-1181

CR2E034 (9/99)