

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90096 027 ***150.00

0033783 AV

DOCUMENT # L28652

1. Entity Name

CAPITAL ACCOUNTING & TAX SERVICE, INC.



Principal Place of Business
**2415 N UNIVERSITY DR
CORAL SPRINGS FL 33065**

Mailing Address
**2415 N UNIVERSITY DR
CORAL SPRINGS FL 33065**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0158538

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COGAN, HOWARD
2415 NORTH UNIVERSITY DRIVE
CORAL SPRINGS FL 33065**

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
COGAN, HOWARD
2415 NORTH UNIVERSITY DRIVE
CORAL SPRINGS FL 33065** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/03 954-977-5000

Date

Daytime Phone #

CR2E034 (4/03)

attachment

CAPITAL ACCOUNTING & TAX SERVICE, INC.

80137224
L28652

2415 N. University Drive
Union Planters Bank Center
Coral Springs, Fl. 33065
USA

Phone 954-977-5000
Fax 954-341-4602

7/18/03

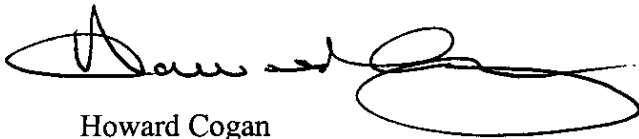
To Whom it May Concern

As an accountant, I am constantly warning my clients to pay the annual report on time or else. You can imagine my surprise when I got back in town this week and discovered that I had not paid it on time.

I am enclosing a check for the original \$150 in the hope that you will excuse this oversight this year. I have been paying timely for 25 years. If this is not acceptable, I will forward the balance.

Thank you for your consideration in this matter.

Sincerely


Howard Cogan