

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90213 007 \*\*\*150.00

**DOCUMENT # L37947**

1. Entity Name

AAA BOOKKEEPING & TAX SERVICE, INC.

Principal Place of Business

Mailing Address

4303 FIRST STREET  
 SUITE 200  
 BRADENTON FL 34208  
 US

4303 FIRST STREET  
 SUITE 200  
 BRADENTON FL 34208-4448  
 US

2. Principal Place of Business

3639 CORTEZ RD W.

3. Mailing Address

P.O. Box 47

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2981516

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

BOVERHOF, BONNIE  
 4303 FIRST STREET  
 SUITE 200  
 BRADENTON FL 34208

Name **BOVERHOF, BONNIE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3639 CORTEZ RD W**  
**SUITE 250**  
 City **BRADENTON** FL Zip Code **34210**

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 *Bonnie Boverhof*  
 Signature, typed or printed name of registered agent and title if applicable

**BONNIE BOVERHOF**

4-28-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **BOVERHOF, BONNIE**  
 STREET ADDRESS **4303 FIRST STREET, SUITE 200**  
 CITY-ST-ZIP **BRADENTON FL**

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: *Bonnie Boverhof*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

Daytime Phone #

CR/E034 (9/99)