

DOCUMENT # N98000000845

1. Entity Name

FLORIDA ACCOUNTANTS SOCIETY, INC.

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90003 001 ****61.25

Principal Place of Business: 4431 DAVIE ROAD SUITE 121 DAVIE FL 33314
Mailing Address: 4431 DAVIE ROAD SUITE 121 DAVIE FL 33314



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 3773 CENTRAL AVE
3. Mailing Address: 3773 CENTRAL AVE
Suite, Apt. #, etc.

City & State: ST PETERSBURG FL
City & State: ST PETERSBURG FL
Zip: 33713 Country: US

4. FEI Number: 65-0810202
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: CENCEBAUGH, SANDRA 4431 DAVIE ROAD SUITE 121 DAVIE FL 33314

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 reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include CRABB, BUZZ; CENCEBAUGH, SANDRA; MCCLAIN, GARY E.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include EDWIN L CRAMMER; DONALD ROBERTS; ROGER UNBENAGEN; REYNOLD DUCAS.

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 617, 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: Edwin L Crammer EDWIN L CRAMMER PRESIDENT
Date: 01/0/00 Daytime Phone #: 954-742-8700

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CR2E037 (10/00)