

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90517 017 ***150.00

DOCUMENT # P00000066772

1. Entity Name

WWW-J TAX & ACCOUNTING SERVICES INC.

Principal Place of Business

RT.10 BOX 392-5
LAKE CITY FL 32025

Mailing Address

RT.10 BOX 392-5
LAKE CITY FL 32025

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3657747

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, BARBARA J
RR 1 BOX 370-25, US HWY. 41
WHITE SPRINGS FL 32096

Name

Johnson, Barbara J.

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

Rt 4 Box 6710

City

Ft. White

FL

Zip Code

32038

7. Name and Address of New Registered Agent

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

Barbara J. Johnson

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

(NOTE: Registered Agent signature required when reinstating)

2-20-01

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, 2001 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 P
NAME WILSON, MICHELLE ☐ Delete
STREET ADDRESS 11530 112TH ST.
CITY-ST-ZIP LIVE OAK FL 32060

TITLE VS
NAME WALKUP, KATHY ☒ Delete
STREET ADDRESS RT.19 BOX 1626, DORETHA RD.
CITY-ST-ZIP LAKE CITY FL 32025

TITLE T
NAME JOHNSON, BARBARA ☐ Delete
STREET ADDRESS RR 1 BOX 370-25
CITY-ST-ZIP WHITE SPRINGS FL 32096

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Change ☒ Addition
NAME Wilson, Franklin D.
STREET ADDRESS 11530 112th St.
CITY-ST-ZIP Live Oak, FL 32060

TITLE V ☐ Change ☒ Addition
NAME Johnson, Robert E.
STREET ADDRESS Rt 4 Box 6710
CITY-ST-ZIP Ft. White FL 32038

TITLE S ☒ Change ☐ Addition
NAME Wilson, Michelle
STREET ADDRESS 11530 112th St.
CITY-ST-ZIP Live Oak, FL 32060

TITLE T ☒ Change ☐ Addition
NAME Johnson, Barbara J.
STREET ADDRESS Rt 4 Box 6710
CITY-ST-ZIP Ft. White FL 32038

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

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

Barbara J. Johnson Barbara J. Johnson 2-20-01 (904) 754-1130

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)