

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90166 012 ***150.00

DOCUMENT # P00000081227

1. Entity Name
A & M ACCOUNTING SOLUTIONS INC.

Principal Place of Business
1000 SAVAGE COURT STE 218
LONGWOOD FL 32750

Mailing Address
1000 SAVAGE COURT STE 218
LONGWOOD FL 32750

2. Principal Place of Business
740 FL CENTRAL PKWY

3. Mailing Address
740 FL CENTRAL PKWY

Suite, Apt. #, etc.
2012

Suite, Apt. #, etc.
2012

City & State
LONGWOOD, FL

City & State
LONGWOOD, FL

Zip Country
32750

Zip Country
32750

4. FEI Number **59-3633190**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MATHIS, MIGNYUAN M
1000 SAVAGE COURT STE 218
LONGWOOD FL 32750

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 **MIGNYUAN M. MATHIS**

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, 2002 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** ☐ Delete
 NAME **MATHIS, MIGNYUAN M**
 STREET ADDRESS **1000 SAVAGE CT STE 218**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE **VP** ☐ Delete
 NAME **BROOKS, ANGELO A**
 STREET ADDRESS **1000 SAVAGE CT STE 218**
 CITY-ST-ZIP **LONGWOOD FL 32750**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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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 ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **740 FL CENTRAL PKWY # 2012**
 CITY-ST-ZIP **LONGWOOD, FL 32750**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **740 FL CENTRAL PKWY # 2012**
 CITY-ST-ZIP **LONGWOOD, FL 32750**

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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: **MIGNYUAN M. MATHIS** **4-15-02** **407-332-8700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)