

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000091352

1. Entity Name
LDS ACCOUNTING SERVICES, INC.



FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90173 031 ***150.00

Principal Place of Business
1956 MAGNOLIA CIRCLE
TAVARES FL 32776

Mailing Address
1956 MAGNOLIA CIRCLE
TAVARES FL 32776

2. Principal Place of Business

9916 Jackson Rd.

3. Mailing Address

9916 Jackson Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Lakeland Fla. 34788-3503

Zip
34788-3503

Country
Lake

City & State
Lakeland Fla.

Zip
34788-3503

Country
Lake

4. FEI Number 59-3677588

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, LINDA D
1956 MAGNOLIA CIRCLE
TAVARES FL 32776

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. 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 \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE D
NAME SMITH, LINDA D
STREET ADDRESS 1956 MAGNOLIA CIRCLE
CITY-ST-ZIP TAVARES FL 32776

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 9916 Jackson Road
CITY-ST-ZIP Lakeland Fla 34788-3503

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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TITLE
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

Date 1/27/03 Daytime Phone # 352-314-0941

CR2E034 (10/02)