

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90024 045 ***150.00

0099135 AV

DOCUMENT # P00000095113

1. Entity Name

ACCOUNTING USA, INC.

Principal Place of Business

**640 N. SEMORAN BLVD.
ORLANDO FL 32803**

Mailing Address

**640 N. SEMORAN BLVD.
ORLANDO FL 32803**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3674642

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**- SOLANO, PAUL
5379 CYPRESS RESERVE PLACE
WINTER PARK FL 32892****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

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	D	SOLANO, PAUL	5379 CYPRESS RESERVE PLACE	WINTER PARK FL 32892	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	D	SOLANO, DIANE	5379 CYPRESS RESERVE PLACE	WINTER PARK FL 32892	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	D	KOZLOWSKI, CHRIS L.	14812 VIA WINGHURST CT.	ORLANDO FL 32828	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	D	KOZLOWSKI, DYANNE C	14812 VIA WINGHURST CT.	ORLANDO FL 32828	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	D	AVILES, JOYLYNNE M	8987 FORT JEFFERSON	ORLANDO FL 32822	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-13-02 407-381-4432

CR2E034 (9/01)