

FILED
Aug 01, 2003 8:00 am
Secretary of State

08-01-2003 90062 043 ***150.00

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

DOCUMENT # P00000095632			
1. Entity Name ACCOUNTING 1-ON-1, INC.			
Principal Place of Business 13014 N DALE MABRY HWY SUITE 205 TAMPA, FL 33618		Mailing Address 13014 N DALE MABRY HWY SUITE 205 TAMPA, FL 33618	
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 59-3675791		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		☐ CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent MOBLEY, SANDRA P 15914 EAGLE RIVER WAY TAMPA, FL 33624		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 _____ (NOTE: Registered Agent's signature required when substituting) Signature, typed or printed name of registered agent and title if applicable. DATE			
FEE: \$150.00 After May 1, 2003, fee will be \$250.00 Amended UBRs in 2003 are \$125.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete P MOBLEY, SANDRA P 15914 EAGLE RIVER WAY TAMPA, FL 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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: Sandra P Mobley		Date: 7-25-03 (813) 363-1250	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CR2E034 (10/02)

Attachment

80135450
P000000095032

ACCOUNTING 1-ON-1, INC.
13014 N DALE MABRY HWY
SUITE 205
TAMPA, FL 33618
(813) 363-1250

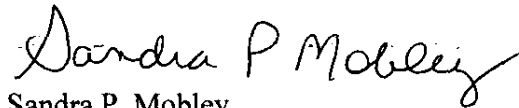
July 25, 2003

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please accept my 2003 Uniform Business Report and check in the amount of \$150.00 that is now being filed late. The corporation never received the prior report filing. Please waive the \$400.00 penalty for late filing.

Sincerely,



Sandra P. Mobley.
President