## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 16, 2002 8:00 am Secretary of State P00000097281 DOCUMENT # 1. Entity Name ADMINISTRATIVE AND ACCOUNTING SERVICES, INC. 04-16-2002 90048 013 \*\*\*150.00 Principal Place of Business Mailing Address 1121 SOUTH MILITARY TRAIL UNIT #168 1121 SOUTH MILITARY TRAIL UNIT #168 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address 4539 POSITANO WAY YAW OVATIEDA PEZP Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1046840 A720W XXA AKE MABIH Not Applicable Country \$8.75 Additional 70 UES 5. Certificate of Status Desired POUM BEACH ろろけんそ PALM BEA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DELISI, HILDA Street Address (P.O. Box Number is Not Acceptable) 1742 WEST HILLSBORO BLVD **DEERFIELD BEACH FL 33442** City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 114 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition CR2E034 (9/01) COVERDALE, HELEN NAME NAME VALUOVATIBOS PEZP STREET ADDRESS **1210 SW 48 TERRACE** STREET ADDRESS **DEERFIELD BEACH FL 33442** CITY-ST-ZIP CITY-ST-21P LAKE WORTH, FL 33467 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change [ ] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □·Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED