

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90124 015 ***150.00

0520410

DOCUMENT # P00000101626

1. Entity Name

BUSINESS ACCOUNTING SYSTEMS, INC.

Principal Place of Business

Mailing Address

12401 ORANGE GROVE DRIVE
 SUITE 1510
 TAMPA FL 33618-4109

12401 ORANGE GROVE DRIVE
 SUITE 1510
 TAMPA FL 33618-4109

2. Principal Place of Business

3. Mailing Address

8649 N Himes Ave #115
 Suite, Apt. #, etc.

TAMPA FL
 City & State

Zip
 33614

Country USA

Suite, Apt. #, etc.

8649 N Himes Ave #115
 City & State

Zip
 33614

Country USA

4. FEI Number

59-3680574

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAHON, TIMOTHY K
 2929 E. COMMERCIAL BLVD.
 PENTHOUSE E
 FORT LAUDERDALE FL 33308

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, 2001 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 PD
 STREET ADDRESS NANA VATI, GAURANG
 CITY-ST-ZIP 12401 ORANGE GROVE DRIVE SUITE 1510
 TAMPA FL 33618-4109 ☐ Delete

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
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TITLE
 NAME ☐ Change ☐ Addition
 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: GAURANG NANA VATI
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/07/01 (800) 930-6520
 Date Daytime Phone #

CR2E034 (10/00)