

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000000518**

1. Entity Name

**A + ACCOUNTING & TAX MANAGEMENT, INC.**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT -3 PM 3:40

Principal Place of Business

11901 S.U.S. HWY. 441

BELLEVUE FL 33420

Mailing Address

11901 S.U.S. HWY. 441

BELLEVUE FL 33420



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

65-1067554

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MONROE, MICHAEL L

543 S.E. 21ST LANE

OCALA FL 34471

Name

Street Address (P.O. Box Number is Not Acceptable)

11901 S. Hwy 441

BELLEVUE FL 34420

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MONROE, CAROL	
STREET ADDRESS	11901 S.U.S. HWY. 441	
CITY-ST-ZIP	BELLEVUE FL 33420	

TITLE	VD	<input type="checkbox"/> Delete
NAME	SCHNEIDER, JOANN	
STREET ADDRESS	11901 S.U.S. HWY. 441	
CITY-ST-ZIP	BELLEVUE FL 33420	

TITLE	SD	<input type="checkbox"/> Delete
NAME	MONROE, TONYA D	
STREET ADDRESS	11901 S.U.S. HWY. 441	
CITY-ST-ZIP	BELLEVUE FL 33420	

TITLE	TD	<input type="checkbox"/> Delete
NAME	MONROE, MICHAEL L	
STREET ADDRESS	11901 S.U.S. HWY. 441	
CITY-ST-ZIP	BELLEVUE FL 33420	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

*Carol M. Monroe*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**CAROL M. MONROE**

9-7-01 (352) 307-4007  
 Date Daytime Phone #

CR2E034 (5/01)