

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90426 042 \*\*\*150.00

**DOCUMENT # P01000011800**

1. Entity Name

**FIDELITY ACCOUNTING SERVICES, INC.**

Principal Place of Business

**2009 W 15TH STREET  
 PANAMA CITY FL 32401**

Mailing Address

**2009 W 15TH STREET  
 PANAMA CITY FL 32401**

2. Principal Place of Business

**3131 W. 21st Ct.**

Suite, Apt. #, etc.

3. Mailing Address

**PO Box 15698**

Suite, Apt. #, etc.

City & State

**Panama City, FL**

City & State

**Panama City, FL**

Zip

**32405**

Country

**USA**

Zip

**32406**

Country

**USA**

4. FEI Number

**59-3694599**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KAJIA, TARA**

**2009 W 15TH STREET**

**PANAMA CITY FL 32401**

7. Name and Address of New Registered Agent

Name **Tara Tomlinson**

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

**3131 W. 21st Ct.**

City

**Panama City,**

FL

Zip Code

**32405**

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

**Tara Tomlinson, President Tara Tomlinson**

**1/24/02**

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KAJIA, TARA</b>	
STREET ADDRESS	<b>PO BOX 15698</b>	
CITY-ST-ZIP	<b>PANAMA CITY FL 32406</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>PJT/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Tara Tomlinson</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Paul Tomlinson</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PO Box 15698</b>	
STREET ADDRESS	<b>Panama City, FL 32406</b>	
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
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: Tara Tomlinson Tara Tomlinson 1/24/02 (850) 747-1510**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)