

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90164 007 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000019309
 1. Entity Name
ACCOUNTING CENTRAL, INC.

Principal Place of Business 12586 SEMINOLE BLVD. LARGO FL 33778	Mailing Address 12586 SEMINOLE BLVD. LARGO FL 33778
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2. Principal Place of Business 10823 SEMINOLE BLVD. SUITE A-B LARGO, FL 33778	3. Mailing Address 10823 SEMINOLE BLVD. SUITE A-B LARGO, FL 33778
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City & State LARGO, FL	City & State LARGO, FL	4. FEI Number 59-370224	Applied For <input type="checkbox"/> Not Applicable
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Zip 33778	Country FLORIDA	Zip 33778	Country FLORIDA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**POOLE, NATHAN B
 12586 SEMINOLE BLVD.
 LARGO FL 33778**

7. Name and Address of New Registered Agent
 Name **POOLE, BRIAN G.**
 Street Address (P.O. Box Number is Not Acceptable)
**10823 SEMINOLE BLVD.
 SUITE 4-B
 LARGO, FL 33778**

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 **BRIAN G. POOLE** DATE **4-26-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DPST POOLE, NATHAN B 12586 SEMINOLE BLVD. LARGO FL 33778 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POOLE, BRIAN G. 10823 SEMINOLE BLVD. LARGO, FL 33778 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE **4-26-02** DAYTIME PHONE # **772-397-8003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)