FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90381 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000021137

1. Entity Name
ALL INCLUSIVE ACCOUNTING, INC.

11038773

Principal Place of Business	Mailing Address
1640 ST PAULS DR CLEARWATER, FL 33764	1640 ST PAULS DR CLEARWATER, FL 33764

2. Principal Place of Business		3. Mailing Address	
1583. S. Belcher Rd.		1583. S. Belcher Rd.	
Suite, Apt. #, etc.: Suite A		Suite, Apt. #, etc.: Suite A	
City & State: Clearwater, Fl		City & State: Clearwater, Fl.	
Zip: 33764	Country: Pinellas	Zip: 33764	Country: Pinellas

[X] CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3706618 — ☐ 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
GENTRY, TERESA L 1640 ST PAULS DR CLEARWATER, FL 33764	Name: Street Address (P.O. Box Number Is Not Acceptable): 1583 S. Belcher Rd. Suite A City: Clearwater — FL — Zip Code: 33764

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003, Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	[X] Change ☐ Addition
NAME	GENTRY, TERESA L	NAME	
STREET ADDRESS	1640 ST PAULS DR	STREET ADDRESS	1583. S. Belcher Rd. Suite A
CITY-ST-ZIP	CLEARWATER, FL 33764	CITY-ST-ZIP	Clearwater Fl 33764
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	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Teresa L Gentry — 5-1-03 — 727-539-1191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)