

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

0436245 AV

05-12-2003 90220 012 ***150.00

DOCUMENT # P01000050211



1. Entity Name
ACCOUNTING SOLUTIONS OF PALM BEACH, INC.

Principal Place of Business
**799 E. JEFFERY ST STE 305
BOCA RATON FL 33487**

Mailing Address
**799 E. JEFFERY ST STE 305
BOCA RATON FL 33487**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1106124**

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

**D'ANDREA, ESTELLE
799 E. JEFFERY ST STE 305
BOCA RATON FL 33487**

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

SIGNATURE

Estelle D'Andrea

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
NAME **D'ANDREA, ESTELLE**
STREET ADDRESS **799 E. JEFFERY ST STE 305**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Delete
NAME **SCHACHTER, JOSEPH**
STREET ADDRESS **2945 WINDSWEEP DRIVE #205**
CITY-ST-ZIP **LANTANA FL 33462**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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:

Estelle D'Andrea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/08/03

Date

561-989-8422

Daytime Phone #

CR2E034 (10/02)

90132939

Attachment

#P01000050211

Please be advised that
I was in N.Y @ Sloan
Kettering receiving Chemo
Therapy for Breast Cancer
I called & was told just to
write a little note when
I returned I got back
5/07/03 @ 10:30 PM.
Thank you Estelle