## **DOCUMENT #** P01000051693

1. Entity Name

A-ONE TAX & ACCOUNTING, INC.

Principal Place of Business

Mailing Address

8226 SANDBERRY BLVD. ORLANDO FL 32819

8226 SANDBERRY BLVD. ORLANDO FL 32819

2. Principal Place of Business	3. Mailing Address						
12545 Beacontree Way	12545 Beacontree Way						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						



05-08-2002 90048 002 \*\*\*150.00



Suite, Apt. #, etc.			Suite, Apt. #, etc.				. DO NOT WRITE IN THIS SPACE					
Orlando, FL			City & State Orlando, FL			4.	FEI Number <b>59–3730360</b>		pplied For ot Applicable			
Zip Country Orange		Zip <b>32837</b>	Country Orange		5.				3.75 Additional			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
ويرين والمساورة والم					Name Diane C. White							
WHITE, WILLIAM D JR.					Street Address (P.O. Box Number is Not Acceptable)							
8226 SANDBERRY BLVD.					12545 Beacontree Way							
ORLAND	O FL 32819	1										
		_				City Or1	ando		FL	Zip Cod <b>3283</b>	e 1 <b>7</b>	
8. The above	named entit	y sylbmits this	statement for th	e purpose of changing	its registe			ent, or both, in the State of Florid	<u> </u>		· <del>'</del>	
	1.16	lian	e Ci W.	hite	,		3	ond or bount with otate of Florid	u. •			
SIGNATURE William & White, Diane C. White, Vice President 4/19/02												
Signature, typed or printed name of registered eigent and title if applicable. (NOTE: Registered Agent signature required when reinstating)												
9. This corpo	oration is elig	ible to satisfy i	ts Intangible	FILE NO	W!!! FEE	E IS \$150.0	0					
Tax filing requirement and elects to do so.				After May 1,			<ol> <li>Election Campaign Finance Trust Fund Contribution.</li> </ol>	cing		May Be		
	na on back)		×	Make Check Pay	yable to [	Department	of State	, moder and contribution,		Added	TIO Fees	
<u>11.</u>		<u>OFF</u>	ICERS AND DIF	ECTORS	12		AD	DITIONS/CHANGES TO OFFICE	RS AND DI	RECTOR	3 IN 11	
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13. I hereby co	ertify that the	information su	pplied with this	filing does not qualify	for the exe	mption state	in Section 1	19.07(3)(i), Florida Statutes. I furt	her certify t	hat the in	formation	

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.

William PPW MADAU William D. White, Jr. President