

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91562 005 ***158.75

DOCUMENT # P01000070490
1. Entity Name
BARBARA'S ACCURATE BILLING SERVICE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>400 NE 20 ST</u> Suite, Apt. #, etc. <u>C 203</u>	3. Mailing Address <u>450 NE 20 ST. STE 113-245</u> Suite, Apt. #, etc. <u>STE-113-245</u>
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DO NOT WRITE IN THIS SPACE

City & State <u>BOCA RATON, FL</u>	City & State <u>BOCA RATON, FL</u>	4. FEI Number <u>65-1133735</u>	Applied For <input type="checkbox"/> Not Applicable
Zip <u>33431</u>	Country <u>PALM BEACH</u>	Zip <u>33431</u>	Country <u>PALM BEACH</u>

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name BARBARA ANN MYLOTT
Street Address (P.O. Box Number is Not Acceptable)
400 NE 20 ST.
C 203
City BOCA RATON FL Zip Code 33431

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See Criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	<u>OWNER - PRESIDENT</u> <u>BARBARA ANN MYLOTT</u> <u>400 NE 20 ST C 203</u> <u>BOCA RATON, FL 33431</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02

Date

561-391-8782

Daytime Phone #

CR2E034B (12/01)