

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90094 035 ***150.00

DOCUMENT # P01000117724

1. Entity Name
ACCOUNTING PLUS MORE, INC.



Principal Place of Business
24985 SW 128 PLACE
PRINCETON FL 33032

Mailing Address
24985 SW 128 PLACE
PRINCETON FL 33032

2. Principal Place of Business

2960 38th Ave. SE

3. Mailing Address

2960 38th Ave. SE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
NAPLES, FL

4. FEI Number 65-1154906

Applied For
Not Applicable

Zip 34117

Country Collier

Zip 34117

Country Collier

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

6. Name and Address of Current Registered Agent

MELENDEZ, YUDERCA
24985 SW 128 PLACE
PRINCETON FL 33032

7. Name and Address of New Registered Agent

Name YUDERCA M. Barbera

Street Address (P.O. Box Number Is Not Acceptable)

2960 38th Ave. SE

City Naples

FL

Zip Code 34117

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

TITLE P
NAME MELENDEZ, YUDERCA
STREET ADDRESS 24985 SW 128 PLACE
CITY-ST-ZIP PRINCETON FL 33032

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME Barbera, YUDERCA M.
STREET ADDRESS 2960 38th Ave SE
CITY-ST-ZIP NAPLES, FL 34117-8836

TITLE
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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:

SIGNATURE: YUDERCA M. Barbera 3/25/03 (939) 348-2647

SIGNATURE, TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)