

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90110 033 ***150.00

DOCUMENT # P02000043077

1. Entity Name
FORENSIC ACCOUNTING SPECIALISTS, INC.



Principal Place of Business
**417 EATON ST
KEY WEST FL 33040**

Mailing Address
**417 EATON ST
KEY WEST FL 33040**

2. Principal Place of Business
1280 Hwy US 1
Suite, Apt. #, etc.

3. Mailing Address
PO Box 500158
Suite, Apt. #, etc.

City & State
MALABAR FL

City & State
MALABAR FL

4. FEI Number
03-0432577

Applied For
Not Applicable

Zip
32950 Country
BREVARD

Zip
32950 Country
BREVARD

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

6. Name and Address of Current Registered Agent

**MILUCKY, JAMES J
417 EATON ST
KEY WEST FL 33040**

7. Name and Address of New Registered Agent

Name **MILUCKY, JAMES J**
Street Address (P.O. Box Number is Not Acceptable)
1280 Hwy US 1
City **MALABAR** FL Zip Code **32950**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/7/03**

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** ☐ Delete
NAME **MILUCKY, JAMES J**
STREET ADDRESS **417 EATON ST**
CITY-ST-ZIP **KEY WEST FL 33040**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **MILUCKY, JAMES J.**
STREET ADDRESS **1280 Hwy US 1**
CITY-ST-ZIP **MALABAR, FL 32950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03

Date

321.960.9612

Daytime Phone #

CR2E034 (10/02)