

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90152 017 ***150.00

DOCUMENT # P02000064482

1. Entity Name
JAMES ACCOUNTING & TAX SERVICE, INC.



Principal Place of Business
327 80 AVE
ST PETE BCH FL 33706

Mailing Address
327 80 AVE
ST PETE BCH FL 33706



2. Principal Place of Business

2942 49th ST N
Suite, Apt. #, etc.

3. Mailing Address

2942 49th ST N
Suite, Apt. #, etc.

☒ **CHECK HERE IF MAKING CHANGES**

City & State
St. Petersburg, FL
Zip
33710
Country
US

City & State
St. Petersburg, FL
Zip
33710
Country
US

4. FEI Number
01-0723043

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ACCOUNTING & TAX HELP, INC.
8668 PARK BLVD, STE 1
SEMINOLE FL 33777

7. Name and Address of New Registered Agent

Name
JAMES, LARRY W.
Street Address (P.O. Box Number is Not Acceptable)
327 80th Ave
City
St. Pete Beach **FL** **Zip Code**
33706

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]* **LARRY W. JAMES** **1-6-03**
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME *STREET ADDRESS CITY-ST-ZIP	DP JAMES, LARRY W 327 80 AVE ST PETE BCH FL 33706	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec / Treas J	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1-6-03** **Daytime Phone #** **727-328-8182**

CR2E034 (10/02)