2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000119516

1. Entity Name

PROFESSIONAL ACCTG. & TAX SVC. INC.



FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90260 032 ***150.00

			(\	Se We to Se			
Principal Place of Business 2405 24 LN LAKE WORTH FL 33463		Mailing Address 2405 24 LN LAKE WORTH FL 33463					
2. Principa	Il Place of Business	To Marca And					
	a visco di Badinogo	3. Mailing Address				EDYDY NYDGY (NOTO NOTO) OT	lei ileie eili ieel
Suite, Ap	pt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & St	ate	City & State			4. FEI Number		Applied For
Zip	Country	Zip	Country	<u> </u>	30 - 0127098 5. Certificate of Status Desired	□ \$8.75 A	Not Applicable
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New Reg	Fee Requ	ired
MONBO	E JANIOT A		Na	me	THE WAR ADDIESS OF NEW REG	istered Agent	
12836 78	MONROE, JANICE A 12836 78 PL N W PALM BEACH FL 33412			et Address (F	P.O. Box Number is Not Acceptable)		<u> </u>
WEALIN	DEAUR PL 33412						
			City			FL Zip Co	
8. The above	e named entity submits this statement	for the purpose of chang	ging its registered office	e or registere	ed agent, or both, in the State of Florida	- Lom formiliar with	
the obliga	ations of registered agent.			Ţ.	g - m or a sum, m one chatcon phones	a. Tani lanimar Wigi	i, and accept
SIGNATURE	Signature, typed or printed name of registered age						
		nt and title if applicable.	(NOTE: Registered Agent s	signature required w	when reinstating)	DATE	
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00	,			9. Election Campaign Finance	oing OF	
Make Chec	k Payable to Florida Department	of State			Trust Fund Contribution.	+	00 May Be
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANCES TO OFFICE		
TITLE	D	☐ Delete			ADDITIONS/CHANGES TO OFFICE		
NAME STREET ADDRESS	GRAVES, WILLIAM E 2405 24 LN		NAME			☐ Change	Addition
CITY-ST-ZIP	LAKE WORTH FL 33463		STREET ADDRE	SS			
TITLE		□ Delete	CITY-ST-ZIP				
NAME		LJ Deiete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRES	SS			
CITY-ST-ZIP			CITY-ST-ZIP				
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CITY-ST-ZIP			STREET ADORES CITY-ST-ZIP	SS			
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRES	s			
			, CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS			NAME STREET ADOREGO	,		_	
CITY-ST-ZIP			STREET ADORES: CITY-ST-ZIP	`			
TITLE		☐ Delete	TITLE	 -			
NAME		Dolete	NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS	;			

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description 119.07(3)(i). Florida Statutes. I further certify that the information to 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

CITY-ST-ZIP