

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90083 032 ***150.00

DOCUMENT # P92000008925

1. Entity Name

ACCOUNTING SOFTWARE & MORE, INC.

Principal Place of Business

**10097 CLEARY RD #360
 PLANTATION FL 33324**

Mailing Address

**2560 JARDIN LANE
 WESTON FL 33327-1511
 US**

2. Principal Place of Business

2560 Jardin Lane

3. Mailing Address

Suite, Apt. #, etc.

City & State

Weston FL

City & State

4. FEI Number

65-0378908

Applied For

Not Applicable

Zip

33327-1511

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELLER, JAYMI B
 10097 CLEARY RD #360
 PLANTATION FL 33324**

Name

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

City

FL

Zip Code

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

Jaymi Feller
JAYMI FELLER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/00

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

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **FELLER, JAYMI B**
 STREET ADDRESS **10097 CLEARY RD #360**
 CITY-ST-ZIP **PLANTATION FL 33324**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jaymi Feller
JAYMI FELLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/00

Daytime Phone #

954 349-7360

CR2E034 (9/99)