

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000001372

1. Entity Name

BITS & BYTES ACCOUNTING SERVICES, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90210 007 ***150.00

Principal Place of Business

6215 SYRINGA LANE
JACKSONVILLE FL 32211

Mailing Address

6215 SYRINGA LANE
JACKSONVILLE FL 32239-1147

2. Principal Place of Business

1794 Rogaro Road
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jax, FL

City & State

Jax, FL

4. FEI Number

59-3157030

Applied For

Not Applicable

Zip

32211

Country

DUVAL

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COATES, IONA K
6215 SYRINGA LANE
JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

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

1794 Rogaro Road

City Jax

FL

Zip Code

32211

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

Dona K. Coates

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

(NOTE: Registered Agent signature required when reinstating)

3/20/00

DATE

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

TITLE DP
NAME COATES, IONA K
STREET ADDRESS 6215 SYRINGA LANE
CITY-ST-ZIP JACKSONVILLE FL 32211

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 1794 Rogaro Road
CITY-ST-ZIP Jacksonville, FL 32211

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

Dona K. Coates
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00
Date

904-745-0221
Daytime Phone #

CR2E034 (9/99)