

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000007159

1. Entity Name

THE COMPANY ACCOUNTANTS, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90222 029 ***150.00

Principal Place of Business	Mailing Address
1800 SECOND STREET SUITE 745 SARASOTA FL 34236	1800 SECOND STREET SUITE 745 SARASOTA FL 34236-5971

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	65-0407917	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BROWNING, ROBERT W JR 1800 SECOND ST SUITE 900 SARASOTA FL 34236

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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
<input type="checkbox"/> Delete
TITLE P
NAME MARGETTA, C.A.
STREET ADDRESS 1800 SECOND STREET
CITY-ST-ZIP SARASOTA FL 34236
<input type="checkbox"/> Delete
TITLE D
NAME PLUM, L.A.
STREET ADDRESS 1800 SECOND STREET
CITY-ST-ZIP SARASOTA FL 34236
<input type="checkbox"/> Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
<input type="checkbox"/> Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
<input type="checkbox"/> Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE
NAME
STREET ADDRESS
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: *Laura A. Plum* *CR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 (941) 955-1643

Date Daytime Phone #

CR2E034 (9/99)