

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90088 001 ***300.00

DOCUMENT # P93000034485

1. Entity Name

ACCU-TAX & ACCOUNTING SERVICES, INC.

Principal Place of Business

**1810 SABEL DRIVE
 DEERFIELD BEACH FL 33442
 US**

Mailing Address

**1810 SABEL DRIVE
 DEERFIELD FL 33442
 US**

2. Principal Place of Business

130 NE 4TH AVE

3. Mailing Address

P.O. box 5032

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Deerfield Beach FL

City & State

Deerfield Beach FL

Zip

33441

Country

Zip

33442

Country

4. FEI Number

65-0418052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GIRNUN, MORRIS A
 1810 SABEL DRIVE
 SUITE 400
 DEERFIELD FL 33442**

7. Name and Address of New Registered Agent

Name

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

130 NE 4TH AVE

City

Deerfield Beach

FL

Zip Code

33441

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

1/30/02

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, 2002 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 **PS** ☐ Delete
 NAME **GIRNUN, MORRIS A**
 STREET ADDRESS **1810 SABEL DRIVE**
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **VT** ☐ Delete
 NAME **RONEN, JODI**
 STREET ADDRESS **1810 SABEL DRIVE**
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE **D** ☐ Delete
 NAME **GIRNUN, RENE**
 STREET ADDRESS **1810 SABEL DRIVE**
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **130 NE 4TH AVE**
 CITY-ST-ZIP **Deerfield Beach FL 33441**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **130 NE 4TH AVE**
 CITY-ST-ZIP **Deerfield Beach FL 33441**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **130 NE 4TH AVE**
 CITY-ST-ZIP **Deerfield Beach FL 33441**

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

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

TITLE ☐ Change ☐ Addition
 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, without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/02

CR2E034 (9/01)