

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90034 046 \*\*\*150.00

**DOCUMENT # P93000059372**

**1. Entity Name**  
**AUTOMATED PAYROLL AND ACCOUNTING SERVICES, INC.**

**Principal Place of Business**  
**2025 NORTH HUNTINGTON AVENUE**  
**SARASOTA FL 34232**  
**US**

**Mailing Address**  
**PO BOX 25132**  
**SARASOTA FL 34277-0132**  
**US**

**2. Principal Place of Business**  
**833 Lagoon Dr.**  
**Suite, Apt. #, etc.**

**3. Mailing Address**  
**833 Lagoon Dr.**  
**Suite, Apt. #, etc.**

**City & State**  
**Oviedo FL**  
**Zip**  
**32765**  
**Country**  
**USA**

**City & State**  
**Oviedo FL**  
**Zip**  
**32765**  
**Country**  
**USA**

**4. FEI Number** **65-0440006** **Applied For**  
**Not Applicable**

**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**

**DRYMON, JAMES J**  
**22 S TUTTLE AVE**  
**STE 3**  
**SARASOTA FL 34237**

**Name** **Anthony Jakusovas**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**833 Lagoon Dr.**  
**City** **Oviedo** **FL** **Zip Code** **32765**

**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** *Anthony Jakusovas* **Anthony Jakusovas, President** **4-29-02**  
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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PDT** ☐ **Delete**  
**NAME** **JAKUSOVAS, ANTHONY W**  
**STREET ADDRESS** **2025 NORTH HUNTINGTON AVENUE**  
**CITY-ST-ZIP** **SARASOTA FL 34232**

☒ **Change** ☐ **Addition**  
**NAME** **833 Lagoon Dr.**  
**STREET ADDRESS** **Oviedo FL 32765**  
**CITY-ST-ZIP**

**TITLE** **VS** ☐ **Delete**  
**NAME** **JAKUSOVAS, VICKI A**  
**STREET ADDRESS** **2025 NORTH HUNTINGTON AVENUE**  
**CITY-ST-ZIP** **SARASOTA FL 34232**

☒ **Change** ☐ **Addition**  
**NAME** **833 Lagoon Dr.**  
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**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:** *Anthony Jakusovas* **Anthony Jakusovas** **4-29-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AV

CP2E034 (9/01)



DO NOT WRITE IN THIS SPACE