2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P93000059995** Feb 15, 2000 8:00 am **Secretary of State** SMALL BUSINESS ACCOUNTING SOLUTIONS, INC. 02-15-2000 90034 016 ***150.00 Principal Place of Business Mailing Address 980 PASADENA AVE. 980 PASADENA AVE. SOUTH PASADENA FL 33701 SOUTH PASADENA FL 33707-2026 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3196456 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BROWN, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 801-69TH STREET NORTH ST. PETERSBURG FL 33710 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **M** Delete TITLE Brown Patricia Change Addition TITLE NAME 980 Pasaden a Ave NAME TARLETON, DONNA R STREET ADDRESS 980 PASADENA AVE. STREET ADORESS Stuth Pasadena, FL 33707 CITY-ST-ZIP CITY-ST-ZIP SOUTH PASADENA FL 33701 ☐ Change ☐ Addition ☐ Delete TITLE MATTHEWS, MARY NAME NAME STREET ADDRESS STREET ADDRESS 980 PASADENA AVE. CITY-ST-ZIP CITY-ST-ZIP SOUTH PASADENA FL 33701 ☐ Addition - - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 path; 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 attachingent with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR