

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90181 041 ***150.00

DOCUMENT # P93000075938

1. Entity Name
ATCS(Accounting & Tax Compliance Services), Inc.



Principal Place of Business

7337 ALOMA AVE

~~SUITE 200~~

WINTER PARK FL 32792

~~US~~

Mailing Address

7337 ALOMA AVE

~~SUITE 200~~

WINTER PARK FL 32792

~~US~~

2. Principal Place of Business

1605 TUSKAWILLA RD.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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Zip

32765

Country

U.S.A

Zip

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Country

Country

4. FEI Number

59-3211249

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRUZADA, CYRIL M

7337 ALOMA AVE

SUITE 200

WINTER PARK FL 32792

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	CRUZADA, CRISTETA M	
STREET ADDRESS	7337 ALOMA AVE STE 200	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	S	<input type="checkbox"/> Delete
NAME	CRUZADA, CYRIL	
STREET ADDRESS	7337 ALOMA AVE, STE 200	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1605 TUSKAWILLA RD	
CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP	OVIEDO, FL 32765	
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

C.M. CRUZADA
SIGNATURE REQUIRED

2/14/03

407/657-2322

Date Daytime Phone #

CR2E034 (10/02)