FILED Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90136 009 ***150.00

UNIFORM BUSINESS REPORT (UBR DOCUMENT # P93000086622

2003 FOR PROFIT CORPORATION

1. Entity Name FOLLOWELL ACCOUNTING SERVICES & TAXES, INC.



Principal Place of Business 3737 MANATEE AVENUE. W Mailing Address 3737 MANATEE AVENUE. W とと しいしゃ ゴゴト #B **BRADENTON FL 34205 BRADENTON FL 34205** US 2. Principal Place of Business 3. Mailing Address 127 Tidewater Aire Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-3210211 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FOLLOWELL, VICKY H Street Address (P.O. Box Number is Not Acceptable) 3737 MANATEE AVENUE, W idelibrater Drive **BRADENTON FL 34205** 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **Change** Addition TITLE □ Delete FOLLOWELL, VICKY H NAME NAME 3737 MANATEE AVENUE, W, #B Tidewater Drive STREET ADDRESS STREET ADDRESS **BRADENTON FL 34205** CITY-ST-7IP CITY-ST-ZIP Change Delete TITLE ■ Addition FOLLOWELL. KENNETH L JR NAME NAME 3737 B MANATEE AVE W #B STREET ADDRESS STREET ADDRESS **BRADENTON FL 34205** CITY-ST-ZIP CITY - ST-ZIP TITLE TITLE Delete* NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Description 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 the corporation or the receiver 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 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 the corporation or the receiver 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 the corporation or the receiver of the corporation of the corporation of the corporation of the corporation or the receiver of the corporation of

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