

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000010964

1. Entity Name

K. S. JAROLL, CPA, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90082 024 ***150.00

Principal Place of Business

1857 WELLS RD
SUITE 203
ORANGE PARK FL 32073

Mailing Address

1857 WELLS RD
SUITE 203
ORANGE PARK FL 32073

2. Principal Place of Business

597 Chivas Ct.
Suite, Apt. #, etc.

3. Mailing Address

597 Chivas Court
Suite, Apt. #, etc.

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

Zip

32073

Country

USA

Zip

32073

Country

USA

4. FEI Number

59-3221145

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

JAROLL, KATHY S
1857 WELLS RD
SUITE 203
ORANGE PARK FL 32073

Name

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

597 Chivas Ct.

City

Orange Park

FL

Zip Code

32073

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

Kathy Jaroll per.

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JAROLL, KATHY S.
1857 WELLS ROAD STE 203
ORANGE PARK FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
597 Chivas Ct.
ORANGE PARK, FL 32073 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Kathy Jaroll
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/01
Date

535-5710
Daytime Phone #

CR2E034 (10/00)