

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # P94000021519**1. Entity Name
ACCOUNTING ALTERNATIVES, INC.

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|--|----|--|----|
| Principal Place of Business 4432 NW 23 AVE SUITE 1 GAINESVILLE 32606 US | FL | Mailing Address P. O. BOX 147050 N/A STE. 68 GAINESVILLE 32614 US | FL |
|--|----|--|----|

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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address P. O. BOX 147050 PMB 68 Suite, Apt. #, etc. |
|---|---|

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|-----------------------------------|-----------------------------------|
| City & State GAINESVILLE FL | City & State GAINESVILLE FL |
| Zip 32606 | Country US |

4. FEI Number
59-3230880
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentROARK CINDY G
17106 SW 30 AVE
NEWBERRY
32669
US

FL

7. Name and Address of New Registered AgentName
LARSEN CINDY G
Street Address (P.O. Box Number is Not Acceptable)
17106 SW 30 AVE
City
NEWBERRY
FL
Zip Code
32669

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 **CINDY G. LARSEN**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/26/2001

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**

| | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LARSEN JAN 17106 SW 30TH AVENUE GAINESVILLE FL 32669 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LARSEN CINDY G 17106 SW 30TH AVENUE NEWBERRY FL 32669 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: CINDY G. LARSEN

P

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)