

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P94000021519

FILED  
Mar 22, 2002 8:00 AM  
Secretary of State

Entity Name: ACCOUNTING ALTERNATIVES, INC.

## Current Principal Place of Business:

4432 NW 23 AVE  
SUITE 1  
GAINESVILLE, FL 32606 US

## New Principal Place of Business:

4400 NW 23RD AVENUE  
SUITE A  
GAINESVILLE, FL 32606 US

## Current Mailing Address:

P. O. BOX 147050  
PMB 68  
GAINESVILLE, FL 326147050 US

## New Mailing Address:

FEI Number: 59-3230880      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LARSEN, CINDY G  
17106 SW 30 AVE  
NEWBERRY, FL 32669 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LARSEN, CINDY G  
Address: 17106 SW 30TH AVENUE  
City-St-Zip: NEWBERRY, FL 32669

Title: S ( ) Delete  
Name: CRAIG, TINA G  
Address: 4400 NW 39 AVE #251  
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Delete  
Name: LARSEN, JAN  
Address: 17106 SW 30TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32669

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: CRAIG, TINA G  
Address: 24434 NW 25TH PLACE  
City-St-Zip: NEWBERRY, FL 32669

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CINDY G. LARSEN

P

03/22/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date